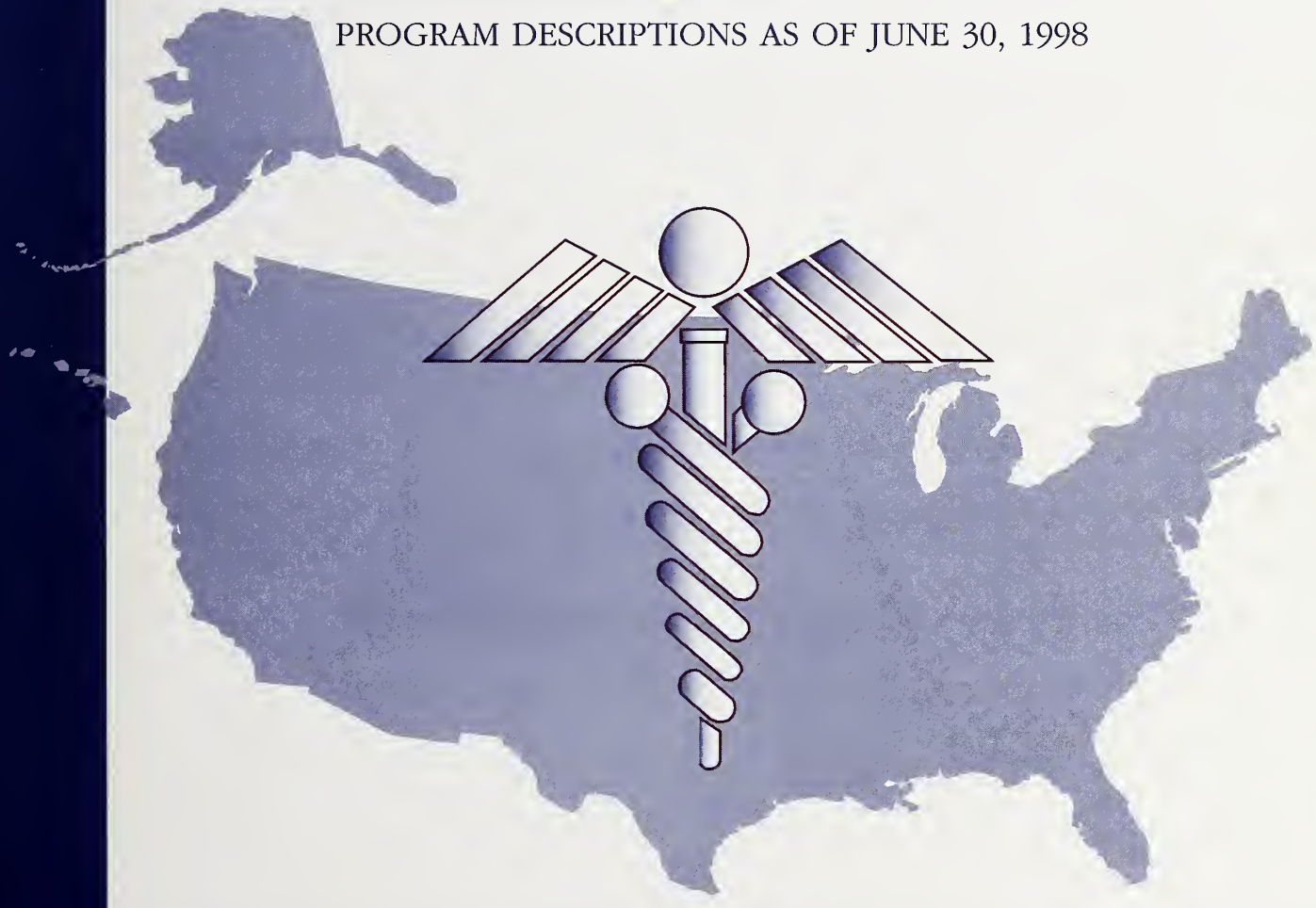
1998

NATIONAL SUMMARY OF STATE MEDICAID MANAGED CARE PROGRAMS

PROGRAM DESCRIPTIONS AS OF JUNE 30, 1998



DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

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Health Care Financing Administration

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1998 NATIONAL SUMMARY OF

STATE MEDICAID

MANAGED CARE PROGRAMS

Program Descriptions as of June 30, 1998

The National Summary of State Medicaid Managed Care Programs is composed annually by the Data and Systems Group (DSG) of the Health Care Financing Administration (HCFA). The descriptions of the States' Medicaid managed care programs as of June 30, 1998 were collected from State Medicaid agencies and HCFA Regional Office staff, and submitted for review to DSG and the Family and Children's Health Program Group (FCHPG). The National Summary serves as a reference and informational guide to the public as well as other governmental agencies.

Special thanks to Loan Swisher, Joseph Del Pilar, Cora Burch, and Carolyn Lawson of DSG and Mike Fiore of FCHPG.

If you have any questions regarding this report, please contact Carolyn Lawson at (410) 786-0704 or E-mail: clawson @hcfa.gov.

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National Summary of State Medicaid Managed Care Programs as of June 30, 1998

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Section 1915(b) Freedom of Choice Waivers

Alabama

Maternity Waiver Program

Contact Information

State Medicaid Contact Name:
Jean Stone

State Website Address:
http://www.medicaid.state.al.us

State Medicaid Contact Telephone Number:
(334)242-5013

Program Impact

Geographic Areas Covered:
County(s)

Initial Waiver Approval Date:
September 01,1997

Operating Authority:
1915(b)

Implementation Date:
September 01,1988

Statutes Utilized:
1915(b)(1)

Waiver Expiration Date:
September 30,1998

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
Yes

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other (Refugee and SOBRA)	Mandatory

Alabama

Maternity Waiver Program

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Enrolled in Another Managed Care Program

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Physician
Case Management

PCP Provider Types:

General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Baldwin County Health Department
Central Alabama Birthright
Conecuh County Health Department
Dallas County Health Department
Escambia County Health Department
Gift of Life Foundation
Huntsville Hospital
Lee County Health Department
Marshall County Health Department
Northwest Alabama Regional Health Dept
St Clair County Health Department
Winston County Health Department
Bryan Whitfield Hospital
Clarke County Health Department
Cullman County Health Department
Decatur General Hospital
Etowah Quality of Life Council
Houston County Health Department
Jefferson County Health Department
Marion County Health Department
Northeast Alabama Regional Med Ctr
Phenix Regional Hospital
Tuscaloosa County Health Department

Alabama

Maternity Waiver Program

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Other EQRO Organization:
Not Applicable

EQRO Name:
Not Applicable

Type of Data Collected:
Not Applicable

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

The payment methology for Maternity Waiver is a global rate based on a percentage of the historical cost of providing specified maternity care services. Lock-in for this program is the duration of the pregnancy and the 60 day postpartum. Maternity patients may be exempted for medical reasons.

Alabama

Partnership Hospital Program

Contact Information

State Medicaid Contact Name:
Jim Wright

State Medicaid Contact Telephone Number:
(334)242-5019

State Website Address:
http://www.medicaid.state.al.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
October 01,1996

Implementation Date:
October 01,1996

Waiver Expiration Date:
September 30,2002

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(13)(C)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other (Refugee and SOBRA)	Mandatory

Alabama

Partnership Hospital Program

Population Categories Excluded:
Medicare, Except Medicaid-Only Services(Dual Eligibles)

Other Population Categories Excluded:
Not Applicable

Lock-In Provision:
Other Period for Lock-In

Service Delivery

Included Services:
Inpatient Hospital

PCP Provider Types:
Not Applicable

Other Services Included:
Not Applicable

Other PCP Provider Types:
Not Applicable

Plans

Plan Names:
Partnership Hospital Program

Alabama

Partnership Hospital Program

Quality Activities

External Quality Review Organization (EQRO):

Peer Review Organization (PRO)

Type of Data Collected:

Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:

Not Applicable

Other Type of Data Collected:

Not Applicable

EQRO Name:

Alabama Quality Assurance Foundation

HEDIS Measures from Encounter Data:

Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Due to the nature of the waiver which is a limited carve-out for a segment of inpatient hospital Services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper.

Alabama
Patient 1ST

Contact Information

State Medicaid Contact Name:
Kim Davis

State Website Address:
http://www.medicaid.state.al.us

State Medicaid Contact Telephone Number:
(334)242-5012

Program Impact

Geographic Areas Covered:
County(s)

Initial Waiver Approval Date:
January 01,1997

Operating Authority:
1915(b)

Implementation Date:
January 01,1997

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Waiver Expiration Date:
September 01,2000

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
Yes

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other (Refugee and SOBRA)	Mandatory

Alabama

Patient 1ST

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Poverty Level Pregnant Women
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Population Categories Excluded:

Long Term Care, Hospice

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs

Other Services Included:

Most Medicaid Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Patient 1st

Alabama

Patient 1ST

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

Arkansas

Non-Emergency Transportation

Contact Information

State Medicaid Contact Name:
Roy Jeffus

State Website Address:
http://www.medicaid.state.ar.us

State Medicaid Contact Telephone Number:
(501) 682-1671

Program Impact

Geographic Areas Covered:
County(s)

Initial Waiver Approval Date:
February 19,1998

Operating Authority:
1915(b)

Implementation Date:
March 01,1998

Statutes Utilized:
1915(b)(1)

Waiver Expiration Date:
February 29,2000

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Statutes Waived:
1902(a)(23)

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
Yes

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Arkansas

Non-Emergency Transportation

Population Categories Excluded:
Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR

Other Population Categories Excluded:
Not Applicable

Lock-In Provision:
No Lock-In

Service Delivery

Included Services:
Transportation

Other Services Included:
Not Applicable

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

Plans

Plan Names:
Non-Emergency Transportation

Arkansas

Non-Emergency Transportation

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Financial Data
Grievance and Complaint
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Arkansa Foundation for Medical Care

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

Arkansas

Primary Care Physician

Contact Information

State Medicaid Contact Name:
Roy Jeffus

State Medicaid Contact Telephone Number:
(501) 682-1671

State Website Address:
http://www.medicaid.state.ar.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
October 30,1996

Implementation Date:
November 01,1996

Waiver Expiration Date:
October 31,1998

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Arkansas

Primary Care Physician

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months

Other Population Categories Excluded:

Eligibility Period is Retroactive

Lock-In Provision:

6-Month Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Substance Abuse
Case Management
Durable Medical Equipment (DME)
Hearing

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs

Other Services Included:

Podiatry Services

Other PCP Provider Types:

Osteopaths

Plans

Plan Names:

Connect Care

Arkansas

Primary Care Physician

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

California

Caloptima

Contact Information

State Medicaid Contact Name:
Susanne M. Hughes

State Medicaid Contact Telephone Number:
(916)654-8076

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Managed Care Arrangement:
Health Insuring Organization (HIO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
October 01,1995

Implementation Date:
October 01,1995

Waiver Expiration Date:
May 06,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4), 1902(a)(5),1902(a)(13), 1902(a)(30). OBRA 1985 & 1990-1903(m)(2)(A)(ii)and(vi).

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Voluntary
Other	Not Applicable

California

Caloptima

Population Categories Excluded:

Enrrolled in Another Managed Care Program

Other Population Categories Excluded:

All populations living outside waiver's geographic area. Populations having only retroactive eligibility.

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives

Other Services Included:

Health Education and Long Term Care

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Caloptima

California

Caloptima

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Other EQRO Organization:
Not Applicable

EQRO Name:
Health Services Advisory Group

Type of Data Collected:
Encounter Data
Financial Data

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
1 of 5 County Organized Health Systems that has special waiver authority under OBRA 1985.

California

Fee-for-Service Managed Care Network

Contact Information

State Medicaid Contact Name:
Susanne M. Hughes

State Medicaid Contact Telephone Number:
(916)654-8076

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
February 28,1999

Implementation Date:
March 01,1997

Waiver Expiration Date:
February 28,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(30)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Voluntary
Other (Childrens Medical Services Program Eligibles)	Mandatory

California

Fee-for-Service Managed Care Network

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Poverty Level Pregnant Women
Eligibility Less Than 3 Months
Amrican Indian/Alaskan Native
Special Needs Children

Other Population Categories Excluded:

All populations living outside the waiver's geographic area, having only retroactive eligibility, require organ transplant, or in ICF/MRs.

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Case Management
Transportation

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers
Physician Assistants

Other Services Included:

Health Education and Preventive Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Placer County Managed Care Network
Sonoma County Managed Care Network

California

Fee-for-Service Managed Care Network

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

California

Health Plan of San Mateo

Contact Information

State Medicaid Contact Name:
Susanne M. Hughes

State Medicaid Contact Telephone Number:
(916)654-8076

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Health Insuring Organization (HIO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
November 30,1987

Implementation Date:
November 30,1987

Waiver Expiration Date:
April 09,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4), 1902(a)(5),1902(a)(13), 1902(a)(30). OBRA 1985&1990-1903(m)(2)(A)(ii)and(vi).

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Voluntary
Other	Not Applicable

California

Health Plan of San Mateo

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months

Other Population Categories Excluded:

All populations living outside the waiver's geographic area. Populations having only retroactive eligibility.

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Outpatient Mental Health
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers

Other Services Included:

Health Education

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Health Plan of San Mateo

California

Health Plan of San Mateo

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Outcome Data
Financial Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
5 health status studies using HEDIS

EQRO Name:
Health Services Advisory Group

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
1 of 5 County Health Systems that has special waiver authority under OBRA 1985.

California

Hudman

Contact Information

State Medicaid Contact Name:
Virgil J. Toney, Jr.

State Medicaid Contact Telephone Number:
(916)657-0582

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(4)

Managed Care Arrangement:
Not Applicable

Other Managed Care Arrangement:
Mechanism to allow payments for Medicaid recipient receiving nursing facility care.

Phased-In Implementation:
No

Initial Waiver Approval Date:
April 24,1992

Implementation Date:
April 24,1992

Waiver Expiration Date:
July 21,2000

Statutes Waived:
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Not Eligible
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other (Medicaid recipients that are determined to require nursing facility care.)	Mandatory

California

Hudman

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Poverty Level Pregnant Women
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver
Special Needs Children

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Skilled Nursing Facility

Other Services Included:

Not Applicable

PCP Provider Types:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Not Applicable

California

Hudman

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
Individuals affected by this waiver include all long term care residents for Medi-Cal. This waiver is a mechanism for placement in hospital based distinct part nursing facilities.

California

Medi-Cal Mental Health Care Field Test

Contact Information

State Medicaid Contact Name:
Carol Hood

State Medicaid Contact Telephone Number:
(916)654-5691

State Website Address:
http://www.dmh.cah.net.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(4)

Managed Care Arrangement:
Not Applicable

Other Managed Care Arrangement:
Mechanism to allow fee-for-service payments and coordination for mental health services.

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
February 13,1995

Implementation Date:
April 01,1995

Waiver Expiration Date:
June 25,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other (State-Only Medi-Cal and Emergency Services Only Populations)	Mandatory

California

Medi-Cal Mental Health Care Field Test

Population Categories Excluded:
Not Applicable

Other Population Categories Excluded:
Not Applicable

Lock-In Provision:
No Lock-In

Service Delivery

Included Services:
Inpatient Mental Health
Outpatient Mental Health

PCP Provider Types:
Not Applicable

Other Services Included:
Not Applicable

Other PCP Provider Types:
Not Applicable

Plans

Plan Names:
San Mateo County DMH/HPSM

California

Medi-Cal Mental Health Care Field Test

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

All Medicaid eligibles in San Mateo County are automatically enrolled. The program covers specialty mental health services only. Individuals may self refer for services or may be referred by their primary care providers or others. Where services are listed as included in the program, only those services in the category that are specialty mental health services are included.

California

Medi-Cal Specialty Mental Health Services

Contact Information

State Medicaid Contact Name:
Carol Hood

State Medicaid Contact Telephone Number:
(916)654-5691

State Website Address:
http://www.dmh.cah.net.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(4)

Managed Care Arrangement:
Not Applicable

Other Managed Care Arrangement:
Mechanism to allow fee-for-service payments for mental health services statewide.

Phased-In Implementation:
No

Initial Waiver Approval Date:
May 02,1995

Implementation Date:
March 15,1995

Waiver Expiration Date:
September 04,1999

Statutes Waived:
1902(a)(23)

Other Statutes Waived:
1902(a)(13)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other (State-Only Medi-Cal and Emergency Services Only Populations)	Mandatory

California

Medi-Cal Specialty Mental Health Services

Population Categories Excluded:
Not Applicable

Other Population Categories Excluded:
Not Applicable

Lock-In Provision:
No Lock-In

Service Delivery

Included Services:
EPSDT
Inpatient Mental Health
Outpatient Mental Health
Case Management

PCP Provider Types:
Not Applicable

Other Services Included:
Not Applicable

Other PCP Provider Types:
Not Applicable

Plans

Plan Names:
County Inpatient Mental Health

California

Medi-Cal Specialty Mental Health Services

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

All Medicaid eligibles in participating counties are automatically enrolled. The program covers specialty mental health services only. Individuals may self refer for services or may be referred by their primary care providers or others. Where services are listed as included in the program, only those services in the category that are specialty mental health services are included.

California

Partnership Health Plan of California

Contact Information

State Medicaid Contact Name:
Susanne M. Hughes

State Medicaid Contact Telephone Number:
(916)654-8076

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Managed Care Arrangement:
Health Insuring Organization (HIO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
May 01,1994

Implementation Date:
May 01,1994

Waiver Expiration Date:
February 16,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4), 1902(a)(5),1902(a)(13), 1902(a)(30). OBRA 1985 &1990 - 1903(m)(2)(A)(ii) and (vi).

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Voluntary
Other (All categories of Medi-Cal without a share of cost and medically needy.)	Mandatory

California

Partnership Health Plan of California

Population Categories Excluded:

Participate in HCBS Waiver

Other Population Categories Excluded:

All populations living outside the waiver's geographic area. Populations having only retroactive eligibility.

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
Nurse Practitioners
Nurse Midwives

Other Services Included:

Health Education
Long Term Care-Counseling and Social Support Services. Inpatient and Outpatient Mental Health available only in Solano County.

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Partnership Health Plan

California

Partnership Health Plan of California

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Other EQRO Organization:
Not Applicable

EQRO Name:
Health Services Advisory Group

Type of Data Collected:
Encounter Data
Financial Data

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:

1 of 5 County Organized Health Systems that has special waiver authority under OBRA 1985. Plan's name changed from Solano Partnership Health Plan when expanded into Napa County.

California

Primary Care Case Management Program

Contact Information

State Medicaid Contact Name:
Susanne M. Hughes

State Medicaid Contact Telephone Number:
(916)654-8076

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Prepaid Health Plan (PHP)
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Senior Health Service Center

Phased-In Implementation:
No

Initial Waiver Approval Date:
December 20,1982

Implementation Date:
August 01,1984

Waiver Expiration Date:
January 25,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(30)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Voluntary
Other (All categories of federally eligible Medi-Cal beneficiaries.)	Voluntary

California

Primary Care Case Management Program

Population Categories Excluded:

Poverty Level Pregnant Women
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Population Categories Excluded:

Children's Services (CCS) program, needing renal dialysis, or needing a major organ transplant.

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Outpatient Mental Health
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives
Psychiatrists

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Altamed Health Senior Buenacare
Molina Medical Centers-PCCMP
San Francisco City & Co/Family Mosiac
Comp Care
Positive Healthcare/Aids Healthcare

California

Primary Care Case Management Program

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Other EQRO Organization:
Not Applicable

EQRO Name:
Internally

Type of Data Collected:
Utilization Data
Financial Data

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

PCPs contract to provide and assume risk for primary care, specialty physician services, and selected outpatient preventive and treatment services.

California

Sacramento Geographic Managed Care-Dental

Contact Information

State Medicaid Contact Name:
Susanne M. Hughes

State Medicaid Contact Telephone Number:
(916)654-8076

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
November 22,1996

Implementation Date:
November 22,1996

Waiver Expiration Date:
November 21,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(A)(5), 1902(A)(30)

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Not Eligible
Title XXI SCHIP	Voluntary
Other	Not Applicable

California

Sacramento Geographic Managed Care-Dental

Population Categories Excluded:

Poverty Level Pregnant Women
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Population Categories Excluded:

All populations living outside the waiver's geographic area. Populations having only retroactive eligibility.

Lock-In Provision:

6-Month Lock-In

Service Delivery

Included Services:

Outpatient Hospital
Laboratory
X-Ray
Dental
Pharmacy

PCP Provider Types:

Not Applicable

Other Services Included:

Preventive Dental Care

Other PCP Provider Types:

Dentists

Plans

Plan Names:

Access Dental Plan-GMC
Preventive Dental Systems-GMC
Pacificare Dental Health Plan-GMC
Western Dental Services-GMC

California

Sacramento Geographic Managed Care-Dental

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Encounter Data
Financial Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Internally

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
Restricts aid code beneficiaries designated as mandatory to enroll in 1 of 6 health plans and 1 of 4 dental plans. 6 month lock-in limited to Medicaid eligibility.

California

Sacramento Geographic Managed Care-Medical

Contact Information

State Medicaid Contact Name:
Susanne M. Hughes

State Medicaid Contact Telephone Number:
(916)654-8076

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
November 22,1996

Implementation Date:
November 22,1996

Waiver Expiration Date:
November 21,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(5), 1902(a)(30)

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Not Eligible
Title XXI SCHIP	Voluntary
Other	Not Applicable

California

Sacramento Geographic Managed Care-Medical

Population Categories Excluded:

Poverty Level Pregnant Women
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Population Categories Excluded:

All populations living outside the waiver's geographic area. Populations having only retroactive eligibility.

Lock-In Provision:

6-Month Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Outpatient Mental Health
Inpatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers

Other Services Included:

Health Education
Enhanced Perinatal and Preventive Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Blue Cross-GMC
Kaiser Foundation-GMC
Omni Healthcare-GMC
Health Net-GMC
Maxicare-GMC
Western Health Advantage-GMC

California

Sacramento Geographic Managed Care-Medical

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Other EQRO Organization:
Not Applicable

EQRO Name:
Health Services Advisory Group

Type of Data Collected:
Encounter Data
Outcome Data
Financial Data

Other Type of Data Collected:
5 health status studies using HEDIS

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
Restricts aid code beneficiaries designated mandatory to enroll in 1 of 6 health plans and 1 of 4 dental plans. 6 month lock-in limited to Medicaid eligibility.

California

Santa Barbara Health Initiative

Contact Information

State Medicaid Contact Name:
Susanne M. Hughes

State Medicaid Contact Telephone Number:
(916)654-8076

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Managed Care Arrangement:
Health Insuring Organization (HIO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
January 01,1987

Implementation Date:
January 01,1987

Waiver Expiration Date:
December 30,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(A)(5), 1902(A)(30)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Voluntary
Other	Not Applicable

California

Santa Barbara Health Initiative

Population Categories Excluded:

Eligibility Less Than 3 Months

Other Population Categories Excluded:

All populations living outside the waiver's geographic area. Populations having only retroactive eligibility.

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers

Other Services Included:

Health Education and Counseling.

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Santa Barbara Health Initiative

California

Santa Barbara Health Initiative

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Other EQRO Organization:
Not Applicable

EQRO Name:
Health Services Advisory Group

Type of Data Collected:
Encounter Data
Financial Data

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
Established under State Statute of 1982.

California

Santa Cruz County Health Options

Contact Information

State Medicaid Contact Name:
Susanne M. Hughes

State Medicaid Contact Telephone Number:
(916)654-8076

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Managed Care Arrangement:
Health Insuring Organization (HIO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
January 01,1996

Implementation Date:
January 01,1996

Waiver Expiration Date:
December 30,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4), 1902(a)(5),1902(a)(13)(A), 1902(a)(30). OBRA 1985&1990-1903(m)(2)(A)(ii)and(vi).

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Voluntary
Other	Not Applicable

California

Santa Cruz County Health Options

Population Categories Excluded:

Enrrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

All populations living outside the waiver's geographic area. Populations having only retroactive eligibility.

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
Nurse Practitioners
Nurse Midwives
Physician Assistants

Other Services Included:

Health Education

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Santa Cruz County Health Options

California

Santa Cruz County Health Options

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Other EQRO Organization:
Not Applicable

EQRO Name:
Health Services Advisory Group

Type of Data Collected:
Encounter Data
Financial Data

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
1 of 5 County Organized Health Systems that has special waiver authority under OBRA 1985.

California

Selective Provider Contracting Program

Contact Information

State Medicaid Contact Name:
Virgil J. Toney, Jr.

State Medicaid Contact Telephone Number:
(916)657-0582

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(4)

Managed Care Arrangement:
Not Applicable

Other Managed Care Arrangement:
Selective Contracting

Phased-In Implementation:
No

Initial Waiver Approval Date:
October 01,1982

Implementation Date:
October 01,1982

Waiver Expiration Date:
June 21,1998

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Mandatory
Other (All categories of federally eligible Medi-Cal beneficiaries in the fee-for-service program.)	Mandatory

California

Selective Provider Contracting Program

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Poverty Level Pregnant Women
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver
Amrican Indian/Alaskan Native
Special Needs Children

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital

Other Services Included:

Not Applicable

PCP Provider Types:

Not Applicable

Other PCP Provider Types:

State Designated Hospitals

Plans

Plan Names:

Not Applicable

California

Selective Provider Contracting Program

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

This waiver allows CA to selectively contract with hospitals to provide acute inpatient care to all Medi-Cal beneficiaries. The SPCP waiver does not differentiate by beneficiary aid code.

California

Two-Plan Model Program

Contact Information

State Medicaid Contact Name:
Susanne M. Hughes

State Medicaid Contact Telephone Number:
(916)654-8076

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
January 22,1996

Implementation Date:
January 22,1996

Waiver Expiration Date:
January 17,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Voluntary
Other	Not Applicable

California

Two-Plan Model Program

Population Categories Excluded:

Poverty Level Pregnant Women
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Population Categories Excluded:

All populations living outside the waiver's geographic area. Populations having only retroactive eligibility. Eligibles having Medicare HMO coverage.

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers

Other Services Included:

Health Education
Preventive Health Screens
and Cultural/Linguistic Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Alameda Alliance for Health
Contra Costa Health Plan
Health Plan of San Joaquin
Kern Family Health Care
Omni Healthcare-TPMP
Santa Clara Family Health
Blue Cross of California
Health Net-TPMP
Inland Empire Health Plan
LA Care Health Plan
San Francisco Health Plan

California

Two-Plan Model Program

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Other EQRO Organization:
Not Applicable

EQRO Name:
Health Services Advisory Group

Type of Data Collected:
Encounter Data
Outcome Data
Financial Data

Other Type of Data Collected:
11 health status studies using HEDIS

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:

Beneficiary may choose to join either a local initiative plan, or a commercial plan selected by the State in response to a RFP. One of 12 counties has 2 commercial plans.

Colorado

Managed Care Program

Contact Information

State Medicaid Contact Name:
Donna Allen

State Medicaid Contact Telephone Number:
(303)866-2220

State Website Address:
http://www.hcpf.state.co.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)

Managed Care Arrangement:
Primary Care Case Management (PCCM)
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
August 01,1982

Implementation Date:
May 01,1983

Waiver Expiration Date:
February 28,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Colorado

Managed Care Program

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Other Insurance

Other Population Categories Excluded:

Undocumented Aliens, QMB

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Case Management
Pharmacy
Durable Medical Equipment (DME)
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not applicable

Plans

Plan Names:

Colorado Access
HMO Colorado
Primary Care Physicians
United Healthcare of Colorado
Community Health Plan of the Rockies
Kaiser
Rocky Mountain HMO

Colorado

Managed Care Program

Quality Activities

External Quality Review Organization (EQRO):
PRO-like Entity

Type of Data Collected:
Encounter Data
Utilization Data
Grievance and Complaint
Consumer Survey

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Focus Studies

EQRO Name:
First Peer Review of Colorado

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:

PCPP is a managed care program providing clients the choices of either a fee-for-service physician who acts as a gatekeeper and refers for specialty care or a HMO if the county in which the client resides also has HMO coverage. The PCCM portion has a lock-in of indefinitely and the HMO portion has a 6 months lock-in. Indefinitely indicates that individuals do not have the opportunity to disenroll without cause on a periodic basis. If they petition to get out of the program, the State will most likely allow the individual to do so.

Colorado

Mental Health Capitation

Contact Information

State Medicaid Contact Name:
Bill Bush

State Medicaid Contact Telephone Number:
(303)762-4085

State Website Address:
http://www.hcpf.state.co.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
October 04,1993

Implementation Date:
July 01,1995

Waiver Expiration Date:
March 08,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Colorado

Mental Health Capitation

Population Categories Excluded:
Medicare, Except Medicaid-Only Services(Dual Eligibles)

Other Population Categories Excluded:
Not Applicable

Lock-In Provision:
Other Period for Lock-In

Service Delivery

Included Services:
Inpatient Hospital
Outpatient Hospital
EPSDT
Physician
Inpatient Mental Health
Outpatient Mental Health

PCP Provider Types:
Not Applicable

Other Services Included:
Additional services as defined by each mental health contractor

Other PCP Provider Types:
Not applicable

Plans

Plan Names:
Mental Health Capitation

Colorado

Mental Health Capitation

Quality Activities

External Quality Review Organization (EQRO):

Not Applicable

Type of Data Collected:

Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:

Not Applicable

Other Type of Data Collected:

Community & Consumer Forum

EQRO Name:

Internally

HEDIS Measures from Encounter Data:

Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Due to the nature of the waiver which is for a limited segment of services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor (Mental Health and Service Agency (MHASA)) for referral. The contractor acts as the gatekeeper.

Connecticut

Husky A

Contact Information

State Medicaid Contact Name:
Christina B. Edelwich

State Medicaid Contact Telephone Number:
(860)424-5131

State Website Address:
http://www.huskyhealth.com

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(4)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
July 20,1995

Implementation Date:
October 01,1995

Waiver Expiration Date:
September 25,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other (Pregnant Women, DCF Children)	Mandatory

Connecticut

Husky A

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Katie Beckett Waiver Children

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives
Physician Assistants

Other Services Included:

ICF
Rural Health Clinic
FQHC
Clinics
Physical Therapy
SpeechTherapy
Pediatric
Pre-natal
Podiatry
Chiropractic
Outreach
Prevention

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Bluecare
Healthright
MD Health Plan
Yale - Preferred One
Community Health Network
Kaiser
Physician Health Service

Connecticut

Husky A

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Financial Data
Grievance and Complaint
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
PCP Capacity
Provider Enrollment

EQRO Name:
Connecticut Peer Review Organization

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
None

District of Columbia

DC Managed Care Program

Contact Information

State Medicaid Contact Name:
Jane Thompson

State Medicaid Contact Telephone Number:
(202)645-5053

State Website Address:
Not Applicable

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
March 19,1997

Implementation Date:
April 01,1998

Waiver Expiration Date:
March 31,2000

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other (TANF HIV pts; preg. > 26 wks)	Voluntary

District of Columbia

DC Managed Care Program

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs

Other Services Included:

Nursing Facility Services for first 30 days

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Advantage Health Plan
Capital Community Health Plan
George Washington Univ Health Plan
Prudential Health Care Plan
American Preferred
D.C. Chartered Health Plan, Inc.
Health Right

District of Columbia

DC Managed Care Program

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Delmarva Foundation for Medical Care, Inc.

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
Most of the Mental Health services are fee-for-services. This program replaces the PCCM program.

District of Columbia
DC PCCM Program

Contact Information

State Medicaid Contact Name:
Jane Thompson

State Website Address:
Not Applicable

State Medicaid Contact Telephone Number:
(202)645-5053

Program Impact

Geographic Areas Covered:
Statewide

Initial Waiver Approval Date:
April 01,1993

Operating Authority:
1915(b)

Implementation Date:
April 01,1994

Statutes Utilized:
1915(b)(1)

Waiver Expiration Date:
November 01,1998

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
No

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

District of Columbia

DC PCCM Program

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months
Participate in HCBS Waiver
Special Needs Children

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

6-Month Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Case Management
Pharmacy
Durable Medical Equipment (DME)
Hearing

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
Nurse Practitioners
Nurse Midwives

Other Services Included:

Not applicable

Other PCP Provider Types:

Not applicable

Plans

Plan Names:

DC Managed Care Program - PCCM

District of Columbia

DC PCCM Program

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
PCCM will be phased-out.

Florida

Medipass

Contact Information

State Medicaid Contact Name:
Charles Kight

State Medicaid Contact Telephone Number:
(904)487-2355

State Website Address:
http://www.fdhc.state.fl.us/medicaid/medip

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
October 01,1992

Implementation Date:
October 01,1992

Waiver Expiration Date:
September 30,1998

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Not Eligible
Foster Care Children	Mandatory
Title XXI SCHIP	Voluntary
Other	Not Applicable

Florida

Medipass

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Poverty Level Pregnant Women
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Medically Needy

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
FQHCs
RHCs
Nurse Practitioners
Physician Assistants
Psychiatrists
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Downward Substitution

Other PCP Provider Types:

Specialists who provide primary care

Plans

Plan Names:

Medipass

Florida

Medipass

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
PCCM enrollees in six counties receive mental health services through a capitated arrangement.

Florida

Prepaid Mental Health Plan

Contact Information

State Medicaid Contact Name:
Celeste Putman-Tanzy

State Medicaid Contact Telephone Number:
(850)487-2618

State Website Address:
Http://www.fdhc.state.fl.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
January 31,1996

Implementation Date:
March 01,1996

Waiver Expiration Date:
August 27,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Mandatory
Other (SOBRA CHILD)	Mandatory

Florida

Prepaid Mental Health Plan

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Population Categories Excluded:

Medically Needy

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Physician
Inpatient Mental Health
Outpatient Mental Health
Case Management

PCP Provider Types:

Not Applicable

Other Services Included:

Community Mental Health Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Florida Health Partnership

Florida

Prepaid Mental Health Plan

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Utilization Data
Financial Data
Grievance and Complaint

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
FMQAI

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Those who do not voluntarily choose a managed care provider are mandatorily assigned. In five counties, recipients who choose or are mandatorily assigned to Medipass are automatically enrolled in the Prepaid Mental Health Plan.

Georgia

Georgia Better Health Care

Contact Information

State Medicaid Contact Name:
Louise Bryde

State Website Address:
http://www2.state.ga.us/department/dma

State Medicaid Contact Telephone Number:
(404)657-7793

Program Impact

Geographic Areas Covered:
Statewide

Initial Waiver Approval Date:
July 14,1993

Operating Authority:
1915(b)

Implementation Date:
October 01,1993

Statutes Utilized:
1915(b)(1)

Waiver Expiration Date:
July 01,2000

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
No

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Georgia

Georgia Better Health Care

Population Categories Excluded:

Poverty Level Pregnant Women
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver
Amrican Indian/Alaskan Native
Special Needs Children

Other Population Categories Excluded:

SOBRA Eligible Pregnant Women

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
X-Ray
EPSDT
Immunization
Physician
Home Health
Inpatient Mental Health
Inpatient Substance Abuse
Durable Medical Equipment (DME)

Other Services Included:

Children's Intervention Services
Personal Care
Occupational and Physical Therapy
In-Home Nursing

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Other Specialists Approved on a Case-By-Case Basis

Other PCP Provider Types:

Certain specialists who provide primary care

Plans

Plan Names:

Georgia Better Health Care

Georgia

Georgia Better Health Care

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Other EQRO Organization:
Not Applicable

EQRO Name:
Not Applicable

Type of Data Collected:
Not Applicable

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
$3 PMPM case management fee.

Georgia

Mental Health and Mental Retardation Preadmission Screening and Annual Resident Review (PASARR)

Contact Information

State Medicaid Contact Name:
Wanda Rowe Patterson

State Medicaid Contact Telephone Number:
(404)651-7884

State Website Address:
http://www2.state.ga.us/department/dma

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
April 01,1994

Implementation Date:
November 01,1994

Waiver Expiration Date:
February 23,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Not Eligible
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Georgia

Mental Health and Mental Retardation Preadmission Screening and Annual Resident Review (PASARR)

Population Categories Excluded:

Poverty Level Pregnant Women
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver
Amrican Indian/Alaskan Native
Special Needs Children

Other Population Categories Excluded:

Recipients are excluded from participation in the waiver if they are determined as a result of the PASARR level II Assessment, not to require mental health, mental retardation rehabilitation services.

Lock-In Provision:

1 Year Lock-In

Service Delivery

Included Services:

Inpatient Mental Health
Outpatient Mental Health

PCP Provider Types:

Psychiatrists
Psychologists
Clinical Social Workers
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

PASARR

Georgia

Mental Health and Mental Retardation Preadmission Screening and Annual Resident Review (PASARR)

Quality Activities

External Quality Review Organization (EQRO):
Other EQRO Organization

Type of Data Collected:
Encounter Data
Utilization Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Duplicative Service Data

EQRO Name:
Accordia

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
Exclusive contract with a sole source provider to provide mental health and mental rehabilitation services to nursing home recipients.

Idaho

Healthy Connections

Contact Information

State Medicaid Contact Name:
Patty Rustad

State Medicaid Contact Telephone Number:
(208) 364-1893

State Website Address:
http://www.state.id.us/dhw/hwgd_www/old

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
October 01,1993

Implementation Date:
October 01,1993

Waiver Expiration Date:
August 22,1998

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Voluntary
Other	Voluntary

Idaho

Healthy Connections

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months

Other Population Categories Excluded:

If travel > 30 minutes or 30 miles, have existing relationship with a Non-participating PCP, QMB-only or SLMBlmb-only, Live in Non-participating County, Retro-eligibility Only, Eligible as Medically Needy

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Case Management
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers
Physician Assistants
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Standard/HIV Testing & Treatment
Childhood Immunizations Through District Health Departments
Annual Screening Mammography (Applicable to Women over 40 Years of Age)
Flu shots
Podiatry
and Chiropractic

Other PCP Provider Types:

General Surgeon
Oncologist
Public Health Departments
Urgent Care Facilities
Pulmonologists
Cardiologists

Plans

Plan Names:

Healthy Connections

Idaho

Healthy Connections

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Case management fee paid pmpm; two mandatory counties; one region has a nursing home pilot project where nursing facility residents are eligible for the program.

Indiana

Hoosier Healthwise

Contact Information

State Medicaid Contact Name:
Sharon Steadman

State Medicaid Contact Telephone Number:
(317)233-4697

State Website Address:
http://www.ai.org/fssa/html/programs/2d.ht

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Primary Care Case Management (PCCM)
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
September 13,1993

Implementation Date:
July 01,1994

Waiver Expiration Date:
December 31,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Indiana

Hoosier Healthwise

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver
Amrican Indian/Alaskan Native
Special Needs Children

Other Population Categories Excluded:

Illegal Aliens, Refugees, Spend Down

Lock-In Provision:

6-Month Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs

Other Services Included:

Chiropractic
Podiatry

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Managed Health Services (MHS)
PCCM (PrimeStep)
Maxicare (MaxiHealth)

Indiana

Hoosier Healthwise

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Quarterly Monitoring Reports
Hotline Statistics

EQRO Name:
Health Care Excel

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
None

Iowa

IA Managed Substance Abuse Care Plan

Contact Information

State Medicaid Contact Name:
Jane Gaskill

State Medicaid Contact Telephone Number:
(515)281-5755

State Website Address:
http://www.dhs.state.ia.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
September 01,1995

Implementation Date:
September 01,1995

Waiver Expiration Date:
August 30,1999

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Iowa

IA Managed Substance Abuse Care Plan

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Population Categories Excluded:

Age 65+, Medically Needy with Spend down

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Laboratory
X-Ray
EPSDT
Physician
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management

PCP Provider Types:

Psychiatrists
Psychologists
Clinical Social Workers
Additionologist

Other Services Included:

Residential and Halfway Substance Abuse

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

National Council on Alcoholism

Iowa

IA Managed Substance Abuse Care Plan

Quality Activities

External Quality Review Organization (EQRO):
PRO-like Entity

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not applicable

Other Type of Data Collected:
Not applicable

EQRO Name:
Iowa Foundation for Medical Care

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
The enrollees have 90 days to choose any plans that are contracted under this program.

Iowa

Iowa Medicaid Managed Health Care

Contact Information

State Medicaid Contact Name:
Dennis Janssen

State Medicaid Contact Telephone Number:
(515)281-8747

State Website Address:
http://www.dhs.state.ia.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Primary Care Case Management (PCCM)
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
July 01,1990

Implementation Date:
July 01,1990

Waiver Expiration Date:
February 09,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Iowa

Iowa Medicaid Managed Health Care

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Population Categories Excluded:

Persons Eligible through Medically Spend Down

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Case Management
Durable Medical Equipment (DME)
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Physician Assistants
Clinical Social Workers

Other Services Included:

Speech
Physical
and Occupational Therapy
Rehab Agencies

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Care Choices
Medipass
Principal
Heritage National Health Plan
NevadaCare
United Health Care of the Midlands

Iowa

Iowa Medicaid Managed Health Care

Quality Activities

External Quality Review Organization (EQRO):
PRO-like Entity

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not applicable

Other Type of Data Collected:
Not applicable

EQRO Name:
Iowa Foundation for Medical Care

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
The enrollees have 90 days to choose any plans that are contracted under this program.

Iowa

Mental Health Access Plan

Contact Information

State Medicaid Contact Name:
Candice Nardini

State Medicaid Contact Telephone Number:
(515)242-6021

State Website Address:
http://www.dhs.state.ia.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
March 01,1990

Implementation Date:
March 01,1995

Waiver Expiration Date:
February 28,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Iowa

Mental Health Access Plan

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Age 65+, Medically Needy with Spend down

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Laboratory
X-Ray
EPSDT
Physician
Inpatient Mental Health
Outpatient Mental Health
Case Management

PCP Provider Types:

Psychiatrists
Psychologists
Clinical Social Workers

Other Services Included:

Alternative Services - additional non-Medicaid covered services offered by the contractor.

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Merit Behavioral Care of Iowa

Iowa

Mental Health Access Plan

Quality Activities

External Quality Review Organization (EQRO):
PRO-like Entity

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not applicable

Other Type of Data Collected:
Not applicable

EQRO Name:
Iowa Foundation for Medical Care

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
The enrollees have 90 days to choose any plans that are contracted under this program.

Kansas

KMMC: Health Connect

Contact Information

State Medicaid Contact Name:
Debra Bachmann

State Medicaid Contact Telephone Number:
(913) 296-3981

State Website Address:
http://www.ink.org/public/srs/

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
January 01,1984

Implementation Date:
January 01,1984

Waiver Expiration Date:
June 26,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Kansas

KMMC: Health Connect

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

6-Month Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Case Management
Pharmacy
Durable Medical Equipment (DME)

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Health Connect

Kansas

KMMC: Health Connect

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

Kansas

KMMC: Prime Care Kansas

Contact Information

State Medicaid Contact Name:
Vivian Kuawogai

State Medicaid Contact Telephone Number:
(913) 296-3981

State Website Address:
http://www.ink.org/public/srs/

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
December 28,1994

Implementation Date:
December 01,1995

Waiver Expiration Date:
June 26,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Kansas

KMMC: Prime Care Kansas

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Physician
Home Health
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Blue-Advantage Plus
Horizon
Health Net

Kansas

KMMC: Prime Care Kansas

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Kansas Foundation for Medical Care

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
None

Kentucky

Human Service Transportation

Contact Information

State Medicaid Contact Name:
Neville Wise

State Medicaid Contact Telephone Number:
(502)564-5472

State Website Address:
http://www.cfc-chs.chr.state.ky.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(4)

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
February 01,1996

Implementation Date:
February 01,1996

Waiver Expiration Date:
September 30,1998

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Kentucky

Human Service Transportation

Population Categories Excluded:
Not Applicable

Other Population Categories Excluded:
QMB-Only

Lock-In Provision:
No Lock-In

Service Delivery

Included Services:
Transportation

PCP Provider Types:
Not Applicable

Other Services Included:
Any covered KY Medicaid Services that would require transportation.

Other PCP Provider Types:
Not Applicable

Plans

Plan Names:
Not Applicable

Kentucky

Human Service Transportation

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

Kentucky

Kentucky Access

Contact Information

State Medicaid Contact Name:
Richard Heine

State Medicaid Contact Telephone Number:
(502)564-7940

State Website Address:
http://www.cfc-chs.chr.state.ky.us

Program Impact

Geographic Areas Covered:
Statewide
Region(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
March 07,1997

Implementation Date:
January 01,1999

Waiver Expiration Date:
June 30,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other (Most Medicaid Eligibles)	Mandatory

Kentucky

Kentucky Access

Population Categories Excluded:

Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Spenddown, Lock-in, Participants in Kentucky Health

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy

PCP Provider Types:

Nurse Practitioners
Psychiatrists
Psychologists
Clinical Social Workers
Additionologist
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Kentucky Access

Kentucky

Kentucky Access

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

HMO choice education and enrollment is done by an independent contractor. HMO can directly market, but cannot enroll. This program has not been implemented as of 6/30/98. The implementation phase will be completed for two regions by 4/1/99. All mental health and substance abuse services are provided through the behavior health organizations.

Kentucky

Kentucky Patient Access and Care System (KENPAC)

Contact Information

State Medicaid Contact Name:
Adele Dickerson

State Medicaid Contact Telephone Number:
(502)564-2687

State Website Address:
http://www.cfc-chs.chr.state.ky.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
July 05,1985

Implementation Date:
March 01,1986

Waiver Expiration Date:
November 14,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Kentucky

Kentucky Patient Access and Care System (KENPAC)

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver
Special Needs Children

Other Population Categories Excluded:

Spenddown, Lock-in, Participants in Kentucky Health

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Most Medicaid Services

Other PCP Provider Types:

Osteopaths

Plans

Plan Names:

Kentucky Patient Access and Care System (KENPAC)

Kentucky

Kentucky Patient Access and Care System (KENPAC)

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
KENPAC program will be subsumed by the Kentucky Partnership Program which will administer the 1115 waiver.

Louisiana

Community Care Program

Contact Information

State Medicaid Contact Name:
Madeline Darcey

State Website Address:
Not Applicable

State Medicaid Contact Telephone Number:
(504)342-1304

Program Impact

Geographic Areas Covered:
County(s)

Initial Waiver Approval Date:
June 01,1992

Operating Authority:
1915(b)

Implementation Date:
June 01,1992

Statutes Utilized:
1915(b)(1)

Waiver Expiration Date:
June 28,2000

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
Yes

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Mandatory
Other	Not Applicable

Louisiana

Community Care Program

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months

Other Population Categories Excluded:

Elderly Recipients, Medically Needy Persons Eligible because of Presumptive Eligibility, Clients of Office of Youth and Development

Lock-In Provision:

6-Month Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Pharmacy
Durable Medical Equipment (DME)
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Not Applicable

Other PCP Provider Types:

Osteopath

Plans

Plan Names:

Community Care Program

Louisiana

Community Care Program

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

Maine

Medicaid Managed Care Initiative

Contact Information

State Medicaid Contact Name:
Christine Zukas-Lessard

State Website Address:
http://www.state.me.us

State Medicaid Contact Telephone Number:
(207)624-5518

Program Impact

Geographic Areas Covered:
County(s)

Initial Waiver Approval Date:
January 22,1997

Operating Authority:
1915(b)

Implementation Date:
May 24,1997

Statutes Utilized:
Not Applicable

Waiver Expiration Date:
October 31,1998

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Statutes Waived:
Not Applicable

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
Yes

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Maine

Medicaid Managed Care Initiative

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver
Special Needs Children

Other Population Categories Excluded:

In Jails, Mental Institutions

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Durable Medical Equipment (DME)
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers
Physician Assistants

Other Services Included:

Occupational Therapy
Physical Therapy
Speech Therapy
Private Duty Nurse/Personal Care Attendant
Podiatry
Chiropractic,

Other PCP Provider Types:

Resident Teaching Clinics

Plans

Plan Names:

Nylcare Health Plans of Maine, Inc.

Maine

Medicaid Managed Care Initiative

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
EPSDT

EQRO Name:
Island Peer Review Organization

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
None

Maine

Primecare

Contact Information

State Medicaid Contact Name:
Julia White

State Medicaid Contact Telephone Number:
(207)624-5517

State Website Address:
http://www.state.me.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
June 01,1994

Implementation Date:
July 01,1994

Waiver Expiration Date:
November 28,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Maine

Primecare

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver
Special Needs Children

Other Population Categories Excluded:

In Jails, Mental Institutions

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers
Physician Assistants
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Occupational Therapy
Physical Therapy
Speech Therapy
Private Duty Nurse/personal Care Attendant
Podiatry
Chiropractic

Other PCP Provider Types:

Resident Teaching Clinics

Plans

Plan Names:

Primecare

Maine

Primecare

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Other EQRO Organization:
Not Applicable

EQRO Name:
Not Applicable

Type of Data Collected:
Not Applicable

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

Michigan
Clinic Plan

Contact Information

State Medicaid Contact Name:
Richard Murdock

State Medicaid Contact Telephone Number:
(517)241-7933

State Website Address:
http://www.mdch.state.mi.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
January 01,1983

Implementation Date:
January 01,1983

Waiver Expiration Date:
September 30,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(30)(A)

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Michigan

Clinic Plan

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver
Special Needs Children

Other Population Categories Excluded:

Spend Down, QMB, Title V Eligible

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Outpatient Mental Health
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

All Other Clinic Services
Maternal and Infant Support Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Central Michigan Health Plan
First Care Health Plan
Community Care Plan
Superior Health Alliance

Michigan

Clinic Plan

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Michigan Peer Review Organization

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Eligible populations require to enroll in one of four MI managed care programs (PSP, Clinic, HMO, Comprehensive Health Care Program). This program will be incorporated under the Comprehensive Health Care Program.

Michigan

Comprehensive Health Care Program

Contact Information

State Medicaid Contact Name:
Richard Murdock

State Medicaid Contact Telephone Number:
(517)241-7933

State Website Address:
http://www.mdch.state.mi.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
May 30,1997

Implementation Date:
July 01,1997

Waiver Expiration Date:
June 30,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Michigan

Comprehensive Health Care Program

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver
Special Needs Children

Other Population Categories Excluded:

Spend Down, QMB, Title V Eligible

Lock-In Provision:

6-Month Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Outpatient Mental Health
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives
Physician Assistants
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Maternal and Infant Support Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

American Family Care
Cape Medical
Community Choice
Great Lakes Health Plan
M-Care
Oakwood St. John Health Plan
Prime Care
Total Health Care
Wellness Plan (Comprehensive Health Services)
Botsford
Care Choices HMO
DMC
Health Alliance Plan
Midwest Health Plan
Omnicare Health Plan
Select Care HMO
Ultimed HMO of Michigan

Michigan

Comprehensive Health Care Program

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Other EQRO Organization:
Not Applicable

EQRO Name:
Michigan Peer Review Organization

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey

Other Type of Data Collected:
Third Party Resources
Quality Improvement Program
Provider Network

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
Only federally-qualified HMOs, medicare risk contractors, and Section 1903(m)(2)(G) of the Social Security Act contractors have 6-month Lock-in.

Michigan

Physician Sponsor Plan

Contact Information

State Medicaid Contact Name:
Richard Murdock

State Medicaid Contact Telephone Number:
(517)241-7933

State Website Address:
http://www.mdch.state.mi.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
January 01,1982

Implementation Date:
January 01,1982

Waiver Expiration Date:
December 31,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(7)

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Michigan

Physician Sponsor Plan

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Special Needs Children

Other Population Categories Excluded:

Spend Down, QMB

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Outpatient Mental Health

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Psychiatrists
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Physical Therapy
Maternal and Infant Support Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Physician Sponsor Plan

Michigan

Physician Sponsor Plan

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
Eligible populations require to enroll in one of four MI managed care programs (PSP, Clinic, HMO, Comprehensive Health Care Program). This program will be incorporated under the Comprehensive Health Care Program.

Minnesota

Consolidated Chemical Dependency Treatment Fund (CCDTF)

Contact Information

State Medicaid Contact Name:
Mary Kennedy

State Medicaid Contact Telephone Number:
(651)282-9921

State Website Address:
http://www.dhs.state.mn.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
January 01,1988

Implementation Date:
January 01,1988

Waiver Expiration Date:
October 26,1998

Statutes Waived:
1902(a)(23)

Other Statutes Waived:
1902(a)(30)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other (All Medicaid recipients are eligible for the CCDTF program.)	Mandatory

Minnesota

Consolidated Chemical Dependency Treatment Fund (CCDTF)

Population Categories Excluded:

Not Applicable

Other Population Categories Excluded:

Non-Medicaid Eligible State Funded Recipients

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
EPSDT
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management

PCP Provider Types:

Not Applicable

Other Services Included:

Extended Care
Halfway House

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Consolidated Chemical Dependency Treatment Fund (CCDTF)

Minnesota

Consolidated Chemical Dependency Treatment Fund (CCDTF)

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

The CCDTF program is only for chemical dependency services and does not designate types of primary care providers. Individuals choose their own primary care providers or rely on the contractor for referral. County provides case management for fee-for-service chemical dependency services.

Mississippi
HealthMacs

Contact Information

State Medicaid Contact Name:
Melzana Fuller

State Medicaid Contact Telephone Number:
(601)359-6050

State Website Address:
http://www.dom.state.ms.us/

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
January 01,1993

Implementation Date:
October 01,1993

Waiver Expiration Date:
September 26,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Mississippi

HealthMacs

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver
Amrican Indian/Alaskan Native
Special Needs Children

Other Population Categories Excluded:

Have an Eligibility Period That Is Only Retroactive, Eligible Only as Medically Needy, Have a Pre-existing Relationship with a Non-waivered Provider Which Requires Continuity of Care.

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Physician
Home Health
Durable Medical Equipment (DME)

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Not Applicable

Other PCP Provider Types:

Osteopaths

Plans

Plan Names:

HealthMacs

Mississippi

HealthMacs

Quality Activities

External Quality Review Organization (EQRO):
Other EQRO Organization

Other EQRO Organization:
Not Applicable

EQRO Name:
Not Applicable

Type of Data Collected:
Not Applicable

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
Recipients can change their PCP on a monthly basis.

Missouri

MC+

Contact Information

State Medicaid Contact Name:
Marineda "Jackie" Jung

State Medicaid Contact Telephone Number:
(573)751-5178

State Website Address:
Not Applicable

Program Impact

Geographic Areas Covered:
County(s)
City(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
October 01,1995

Implementation Date:
September 01,1995

Waiver Expiration Date:
March 14,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other (Children in State Custody, Individuals with Comprehensive Commercial Insurance Policies have been excluded in certain counties.)	Not Applicable

Missouri

MC+

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver
Amrican Indian/Alaskan Native
Special Needs Children

Other Population Categories Excluded:

General Relief Program Participants, Women in the Presumptive Eligibility Program For Ambulatory Prenatal Care (TEMP), Permanently and Totally Disabled Individuals

Lock-In Provision:

6-Month Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Emergency
Preventive Care
Prenatal Case Management
Hearing aids & Related Services
Adult Day Health Services
Personal Care Services
Comprehensive Day Rehabilitation
Podiatry

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Blue Advantage Plus
Community Care Plus
Family Health Partners
Health Net
Mercy Health Plan
Prudential Health Plan
Care Partners
Community Health Plan
First Guard
Healthcare USA
Missouri Care

Missouri

MC+

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Missouri Patient Care Review Foundation

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
Missouri has no Federally recognized Tribes and does not have a separate special needs category. Adults are not eligible for dental, vision, and hearing services in certain counties. Comprehensive substance treatment and community psychiatric rehabilitation are also available to enrollees.

Montana

Mental Health Access Plan

Contact Information

State Medicaid Contact Name:
Randy Poulsen

State Medicaid Contact Telephone Number:
(406)444-3964

State Website Address:
http://www.dphhs.state.mt.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
December 01,1996

Implementation Date:
April 01,1997

Waiver Expiration Date:
March 31,1999

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Montana

Mental Health Access Plan

Population Categories Excluded:
Not Applicable

Other Population Categories Excluded:
Not Applicable

Lock-In Provision:
Other Period for Lock-In

Service Delivery

Included Services:
Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Transportation

PCP Provider Types:
Pediatricians
General Practitioners
Family Practitioners
Internist
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Physician Assistants
Psychiatrists
Psychologists
Clinical Social Workers

Other Services Included:
Not Applicable

Other PCP Provider Types:
Not Applicable

Plans

Plan Names:
Mental Health Access Plan

Montana

Mental Health Access Plan

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Encounter Data
Utilization Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Since psychiatrists are not available in some areas, the PCP provider list above are qualified to be PCPs under this program. "Indefinite" under the lock-in provision indicates that individuals do not have the opportunity to disenroll without cause on a periodic basis. If they petition to get out of the program the State will most likely allow the individual to do so.

Montana

Passport To Health

Contact Information

State Medicaid Contact Name:
Maureen O'Reilly

State Medicaid Contact Telephone Number:
(406)444-4148

State Website Address:
http://www.dphhs.state.mt.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
September 28,1992

Implementation Date:
January 01,1993

Waiver Expiration Date:
October 25,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Montana

Passport To Health

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Population Categories Excluded:

Medically Needy, ICF/MR, Hardship

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
EPSDT
Physician

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers
Physician Assistants
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Chiropractor

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Passport To Health

Montana

Passport To Health

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Program includes a $3.00 case management fee. "Indefinite" under the lock-in provision indicates that individuals do not have the opportunity to disenroll without cause on a periodic basis. If they petition to get out of the program the State will most likely allow the individual to do so.

Nebraska

Nebraska Health Connection - Med/Surg

Contact Information

State Medicaid Contact Name:
David Cygan

State Medicaid Contact Telephone Number:
(402)471-9050

State Website Address:
http://www.hhs.state.ne

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)

Managed Care Arrangement:
Primary Care Case Management (PCCM)
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
June 06,1995

Implementation Date:
July 01,1995

Waiver Expiration Date:
December 30,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Nebraska

Nebraska Health Connection - Med/Surg

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Poverty Level Pregnant Women
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Case Management
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Exclusive Healthcare Inc.
United Health Care of the Midlands
Primary Care Plus

Nebraska

Nebraska Health Connection - Med/Surg

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Grievance and Complaint
Consumer Survey
Provider Survey

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Iowa Foundation for Medical Care

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
None

Nebraska

Nebraska Health Connection - MH/SA

Contact Information

State Medicaid Contact Name:
David Cygan

State Medicaid Contact Telephone Number:
(402)471-9050

State Website Address:
http://www.hhs.state.ne.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
June 05,1995

Implementation Date:
July 17,1995

Waiver Expiration Date:
June 30,1999

Statutes Waived:
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Nebraska

Nebraska Health Connection - MH/SA

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Poverty Level Pregnant Women
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Physician
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Transportation

PCP Provider Types:

Not Applicable

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

FHC Options Mental Health

Nebraska

Nebraska Health Connection - MH/SA

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Grievance and Complaint
Consumer Survey
Provider Survey

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Iowa Foundation for Medical Care

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:

Due to the nature of the waiver which is a limited carve-out for a segment of Substance Abuse/Mental Health Services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper.

New Jersey

New Jersey Care 2000

Contact Information

State Medicaid Contact Name:
Jill Simone, M.D., Executive Director

State Medicaid Contact Telephone Number:
(609)588-2705

State Website Address:
http://www.state.nj.us/humanservices

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
September 01,1995

Implementation Date:
September 01,1995

Waiver Expiration Date:
November 23,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Mandatory
Other	Not Applicable

New Jersey

New Jersey Care 2000

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Population Categories Excluded:

Clients Enrolled in Any Other Waiver Program

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives

Other Services Included:

Emergency Services
Outpatient Rehabilitative Services
Podiatrist Services
Chiropractor Services
Optical Appliances
Prosthetics and Orthotics
Organ Transplants

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Aetna US Healthcare
American Preferred Provider Plan, Inc.
First Option Health Plan of New Jersey, Inc.
Liberty Health Plan, Inc.
Mercy Health Plan of NJ On Behalf Of HMO/Blue
Americaid New Jersey, Inc.
AmeriHealth HMO, Inc.
HIP Health Plan of New Jersey, Inc.
Managed Healthcare Systems, Inc.
University Health Plans, Inc.

New Jersey

New Jersey Care 2000

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Peer Review Organization of New Jersey

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
Six month Lock-In is approved through the 1915b waiver but HMOs have elected not to use it.

New Mexico
SALUD!

Contact Information

State Medicaid Contact Name:
Robert Anderson

State Medicaid Contact Telephone Number:
(505)827-1301

State Website Address:
Not Applicable

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
May 13,1997

Implementation Date:
July 01,1997

Waiver Expiration Date:
July 01,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other (Home and Community Based Waiver)	Mandatory

New Mexico

SALUD!

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Poverty Level Pregnant Women
Reside in Nursing Facility or ICF/MR

Other Population Categories Excluded:

Native Americans Can Opt-out,
Institutional, Health Insurance Premium
Program, ICF/MR

Lock-In Provision:

6-Month Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers
Physician Assistants
Psychiatrists
Psychologists

Other Services Included:

Most Medicaid Services

Other PCP Provider Types:

Specialists
Medical School Teams

Plans

Plan Names:

Cimarron
Presbyterian Salud
Lovelace

New Mexico

SALUD!

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Other EQRO Organization:
Not Applicable

EQRO Name:
IPRO

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other Type of Data Collected:
MHSIP Data

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
HMOs designate PCPS.

New York

Non-Emergency Transportation

Contact Information

State Medicaid Contact Name:
Tim Perry

State Medicaid Contact Telephone Number:
(518)473-5953

State Website Address:
http://www.health.state.ny.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(4)

Managed Care Arrangement:
Not Applicable

Other Managed Care Arrangement:
Selective Contracting

Phased-In Implementation:
No

Initial Waiver Approval Date:
January 16,1996

Implementation Date:
July 01,1996

Waiver Expiration Date:
October 16,1998

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other (All Medicaid Beneficiaries)	Mandatory

New York

Non-Emergency Transportation

Population Categories Excluded:
Not Applicable

Other Population Categories Excluded:
Not Applicable

Lock-In Provision:
No Lock-In

Service Delivery

Included Services:
Transportation

Other Services Included:
Non-Emergency Transportation

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Not Applicable

Plans

Plan Names:
Not Applicable

New York

Non-Emergency Transportation

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Due to the nature of the waiver which is a limited carve-out for non-emergency transportation services, the program does not designate a primary care provider. In January 1996, New York State received a 1915(b) waiver that allowed for the implementation of a selective contracting program for transportation services. In turn, the State asked counties that were interested in selectively contracting transportation services to submit an application to the State. As of June 30, 1998, six counties had been approved to participate in the program.

New York

Southwest Brooklyn Managed Care Demonstration Project

Contact Information

State Medicaid Contact Name:
Linda Reese

State Medicaid Contact Telephone Number:
(518)473-4175

State Website Address:
http://www.health.state.ny.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
October 01,1991

Implementation Date:
October 01,1992

Waiver Expiration Date:
July 14,2002

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other (NYS Home Relief Adults)	Not Applicable

New York

Southwest Brooklyn Managed Care Demonstration Project

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Indian Health Service Providers
Physician Assistants

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Empire Blue Cross/Blue Shield of Healthnet
HIP Bi-Link
LMC/Health Care Plus
Oxford Health Plan
Health First
HIP Comprehensive
Metroplus Health Plan
US Healthcare

New York

Southwest Brooklyn Managed Care Demonstration Project

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Island PRO

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
Southwest Brooklyn Demo Project "Other Enrollees" are NYS home relief adults who have been allowed to enroll on a voluntary basis. This is a State-only eligibility category.

New York

The Westchester County Managed Care Program

Contact Information

State Medicaid Contact Name:
Donna Frescatore

State Medicaid Contact Telephone Number:
(518)474-5050

State Website Address:
http://www.health.state.ny.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
October 01,1995

Implementation Date:
January 01,1996

Waiver Expiration Date:
July 14,2002

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other (NYS Home Relief Adults)	Not Applicable

New York

The Westchester County Managed Care Program

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Indian Health Service Providers
Physician Assistants

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Better Health Plan
Genesis Health Plan
Westchester PHSP
Community Choice Health Plan
HIP Comprehensive

New York

The Westchester County Managed Care Program

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Appicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Island PRO

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
Westchester County "Other Enrollees" are NYS home relief adults who were allowed to enroll on a voluntary basis. SSI enrollees are initially enrolled as part of ADC program who are being allowed to retain their membership when their eligibility changes to SSI. This program will be subsumed by the 1115 waiver program.

North Carolina

Carolina Access

Contact Information

State Medicaid Contact Name:
Betty West

State Medicaid Contact Telephone Number:
(919)857-4022

State Website Address:
http://www.dhr.state.nc.us/DHR/DMA/

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
April 01,1991

Implementation Date:
April 01,1991

Waiver Expiration Date:
December 04,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other (Pregnant Women)	Voluntary

North Carolina

Carolina Access

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR

Other Population Categories Excluded:
QMB, Refugees

Lock-In Provision:
No Lock-In

Service Delivery

Included Services:
Inpatient Hospital
Outpatient Hospital
EPSDT
Family Planning
Physician
Durable Medical Equipment (DME)
Hearing

PCP Provider Types:
Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives

Other Services Included:
Chiropractic

Other PCP Provider Types:
Public Health Departments

Plans

Plan Names:
Carolina Access

North Carolina

Carolina Access

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
The PCCM program specifies that the recipient choose and enroll with or be assigned to a primary case provider who is paid a monthly case management fee of $3.00 for each enrollee in addition to regular fee for service payments.

North Carolina

Carolina Alternatives

Contact Information

State Medicaid Contact Name:
George Packenham

State Medicaid Contact Telephone Number:
(919)857-4020

State Website Address:
http://www.dhr.state.nc.us/DHR/DMA/

Program Impact

Geographic Areas Covered:
County(s)
Region(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
December 22,1993

Implementation Date:
January 01,1994

Waiver Expiration Date:
September 30,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1915(b)(4)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other (Anyone under 18 needing MH/SA Services)	Mandatory

North Carolina

Carolina Alternatives

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)

Other Population Categories Excluded:

Beneficiaries Age 18 and Over,
Beneficiaries Diagnosed with Autism

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management

PCP Provider Types:

Indian Health Services Providers
Physician Assistants
Psychiatrists
Psychologists
Clinical Social Workers
Additionologist
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Not Applicable

Other PCP Provider Types:

Community Mental Health Centers
Psychiatric Nurses

Plans

Plan Names:

Carolina Alternatives

Caroline Alternatives

North Carolina

Carolina Alternatives

Quality Activities

External Quality Review Organization (EQRO):
Other EQRO Organization

Type of Data Collected:
Encounter Data
Utilization Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Appicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
In-House

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

North Carolina
Health Care Connection

Contact Information

State Medicaid Contact Name:
Judy Walton

State Medicaid Contact Telephone Number:
(919)857-4022

State Website Address:
http://www.dhr.state.nc.us/DHR/DMA/

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
April 01,1991

Implementation Date:
July 01,1996

Waiver Expiration Date:
December 04,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Not Eligible
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other (Pregnant Women)	Mandatory

North Carolina

Health Care Connection

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Population Categories Excluded:

Age 65 or older, Family Planning Waiver Recipients

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives

Other Services Included:

Chiropractic

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Atlantic Health Plans, Inc.
Maxicare of North Carolina
Wellness Plan of North Carolina
C.W. Williams
Optimum Choice of the Carolinas

North Carolina

Health Care Connection

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Medical Review of North Carolina

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
None

North Dakota

North Dakota Access and Care Program

Contact Information

State Medicaid Contact Name:
Tom Solberg

State Medicaid Contact Telephone Number:
(701)328-1884

State Website Address:
http://www.state.nd.us/hms/dhs.htm

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Managed Care Arrangement:
Primary Care Case Management (PCCM)
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
June 23,1993

Implementation Date:
January 01,1994

Waiver Expiration Date:
August 08,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

North Dakota

North Dakota Access and Care Program

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver
Special Needs Children

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Durable Medical Equipment (DME)
Transportation
Hearing

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Indian Health Service Providers

Other Services Included:

Physical
Occupational & Speech Therapy
FQHC
RHC

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Altru Health Plan

North Dakota Access and Care Program

North Dakota

North Dakota Access and Care Program

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Grievance and Complaint
Consumer Survey
Provider Survey

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
North Dakota Health Care Review

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Lock-in period is indefinite but reviewed annually. Primary Care Case Management is a Fee For Service statewide program; the Managed Care Organization operates in one county only, Grand Forks, and is a fully capitated program. The Managed Care organization began operation 11/01/1997.

Oregon

Tri-County Metro. Transportation District

Contact Information

State Medicaid Contact Name:
Larry Daimler

State Website Address:
http://www.omap.hr.state.or.us

State Medicaid Contact Telephone Number:
(503) 945-6493

Program Impact

Geographic Areas Covered:
County(s)

Initial Waiver Approval Date:
January 22,1997

Operating Authority:
1915(b)

Implementation Date:
September 01,1994

Statutes Utilized:
1915(b)(4)

Waiver Expiration Date:
January 25,1999

Managed Care Arrangement:
Not Applicable

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Managed Care Arrangement:
Broker

Other Statutes Waived:
1902(a)(32)

Phased-In Implementation:
No

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Mandatory
Other (Expansion up to 100% FPL)	Mandatory

Oregon

Tri-County Metro. Transportation District

Population Categories Excluded:
Not Applicable

Other Population Categories Excluded:
Not Applicable

Lock-In Provision:
Other Period for Lock-In

Service Delivery

Included Services:
Transportation

Other Services Included:
Non-emergency medical transportation

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
Brokerage Arrangement Provides Transportation

Plans

Plan Names:
Tri-County Metro. Transportation District

Oregon

Tri-County Metro. Transportation District

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
The enrollment broker contracts with providers to provide non-emergency transportation services. The program was approved retroactively.

Pennsylvania

Family Care Network

Contact Information

State Medicaid Contact Name:
Sherry Gritman

State Website Address:
http://www.state.pa.us

State Medicaid Contact Telephone Number:
(717)772-6112

Program Impact

Geographic Areas Covered:
County(s)

Initial Waiver Approval Date:
October 14,1993

Operating Authority:
1915(b)

Implementation Date:
February 01,1994

Statutes Utilized:
1915(b)(1)

Waiver Expiration Date:
July 29,1998

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
Yes

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Pennsylvania

Family Care Network

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months

Other Population Categories Excluded:

Restricted Beneficiaries, State Blind Pension Recipients

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Psychiatrists
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Most Pennsylvania Medicaid Services

Other PCP Provider Types:

Specialist Who Meets Special Needs of Client

Plans

Plan Names:

Family Care Network

Pennsylvania

Family Care Network

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
Enrollment focuses on Medicaid recipients under age 21; monthly patient management fee of $3.00.

Pennsylvania

HealthChoices - Behavioral

Contact Information

State Medicaid Contact Name:
Marilyn Eckley

State Medicaid Contact Telephone Number:
(717)787-6443

State Website Address:
http://www.state.pa.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(2)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
December 31,1996

Implementation Date:
February 01,1997

Waiver Expiration Date:
January 31,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Pennsylvania

HealthChoices - Behavioral

Population Categories Excluded:
Reside in Nursing Facility or ICF/MR

Other Population Categories Excluded:
Monthly Spend Downs, State Blind Pension

Lock-In Provision:
No Lock-In

Service Delivery

Included Services:
Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Physician
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy

PCP Provider Types:
Not Applicable

Other Services Included:
Most Behavioral Health Services

Other PCP Provider Types:
Not Applicable

Plans

Plan Names:
Community Behavioral Health,Inc.
Merit Behavioral Health Plan of PA
Healthcare Management Alternatives - Mental Healt

Pennsylvania

HealthChoices - Behavioral

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
KeyPro

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
Due to the nature of this waiver which is a limited carve-out for Substance/Abuse/Mental Health Services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper. Only behavioral health services are provided.

Pennsylvania

HealthChoices - Physical Health

Contact Information

State Medicaid Contact Name:
Patricia Jacobs

State Medicaid Contact Telephone Number:
(717)772-6300

State Website Address:
http://www.state.pa.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
December 31,1996

Implementation Date:
February 01,1997

Waiver Expiration Date:
January 31,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Pennsylvania

HealthChoices - Physical Health

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR

Other Population Categories Excluded:

Monthly Spend Downs, State Blind Pension

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Psychiatrists
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Most Pennsylvania Medicaid Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Health Partners of Philadelphia - Healthchoices
Keystone Mercy Health Plan
Healthcare Management Alternatives
Oxford Health Plan

Pennsylvania

HealthChoices - Physical Health

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
KeyPro

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
None

Pennsylvania

Lancaster Community Health Plan

Contact Information

State Medicaid Contact Name:
Sherry Gritman

State Medicaid Contact Telephone Number:
(717)772-6112

State Website Address:
http://www.state.pa.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
February 10,1994

Implementation Date:
May 01,1995

Waiver Expiration Date:
October 20,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(7)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Pennsylvania

Lancaster Community Health Plan

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months

Other Population Categories Excluded:

Restricted Beneficiaries, State Blind Pension Recipients

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Psychiatrists

Other Services Included:

Most Pennsylvania Medicaid Services

Other PCP Provider Types:

Outpatient Hospital Clinics

Plans

Plan Names:

Lancaster Community Health Plan

Pennsylvania

Lancaster Community Health Plan

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Other EQRO Organization:
Not Applicable

EQRO Name:
Not Applicable

Type of Data Collected:
Not Applicable

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
PCCM program sponsores by consortium of hospitals and State Medical Society.

South Carolina

High Risk Channeling Project (HRCP)

Contact Information

State Medicaid Contact Name:
Leslie Martins, RN

State Medicaid Contact Telephone Number:
(803)253-6374

State Website Address:
http://www.dhhs.state.sc.us

Program Impact

Geographic Areas Covered:

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Fee-For-Service

Phased-In Implementation:
No

Initial Waiver Approval Date:
April 01,1986

Implementation Date:
April 01,1986

Waiver Expiration Date:
August 16,1998

Statutes Waived:
1902(a)(10)(B)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Mandatory
Other (Most Medicaid Beneficiaries)	Mandatory

South Carolina

High Risk Channeling Project (HRCP)

Population Categories Excluded:
Not Applicable

Other Population Categories Excluded:
Not Applicable

Lock-In Provision:
Other Period for Lock-In

Service Delivery

Included Services:
Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:
OB/GYNs and GYNs
FQHCs
RHCs

Other Services Included:
Ancillary Services
IE Social Work
Nutrition
Based on the Individual Circumstance

Other PCP Provider Types:
Not Applicable

Plans

Plan Names:
High Risk Channeling Project (HRCP)

South Carolina

High Risk Channeling Project (HRCP)

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Other EQRO Organization:
Not Applicable

EQRO Name:
Not Applicable

Type of Data Collected:
Not Applicable

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

This program encourages risk-appropriate care for Medicaid sponsored pregnant women who are at high risk for poor birth outcomes due to medical problems. Each Medicaid eligible pregnant woman must be screened on her first prenatal visit using the Pregnancy/newborn Risk Assessment Form. If no medical risks are found, she may continue to receive care from the health care provider of her choice. However, if any medical risks are documented, prenatal care must be provided by an obstetrician and delivery of the infant must occur at a Level II or Level III hospital.

South Dakota

Prime

Contact Information

State Medicaid Contact Name:
Scott Beshara

State Medicaid Contact Telephone Number:
(605)773-3495

State Website Address:
http://www.state.sd.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(3)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
July 01,1993

Implementation Date:
September 01,1993

Waiver Expiration Date:
July 01,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

South Dakota

Prime

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Population Categories Excluded:

Subsidizes Adoptions, Adjustment
Training Center Residents,

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Case Management
Pharmacy
Durable Medical Equipment (DME)
Hearing

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Indian Health Service Providers

Other Services Included:

Ophthalmology
Residential Treatment Centers
Rehab

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Prime

South Dakota

Prime

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
PA's and CNP's provide PCP services under their supervising physicians; Protocol procedure for exempting the medically fragile provider profiles; SED/SPMI exempt from MC for MH services only; $3.00 case management fee.

Texas
HMO - STAR

Contact Information

State Medicaid Contact Name:
Alison Smith

State Medicaid Contact Telephone Number:
(512)794-6862

State Website Address:
http://www.tdh.texas.gov/hcf/medicaid.htm

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
August 01,1993

Implementation Date:
August 01,1993

Waiver Expiration Date:
December 01,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(25)

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Texas

HMO - STAR

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Recipients have to travel more than 30 miles or 45 minutes. Have an eligibility period that is only retroactive. Eligibles that are medically needy.

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Physician Assistants
Psychiatrists

Other Services Included:

Services for Pregnant Women and Birthing Centers
Blood and Ophthalmology
Obstetrical
Podiatry
Adult Well Check
Transplants
Renal Dialysis
Physical Therapy
Occupational Therapy and Speech Therapy

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

ACCESS
AmeriHealth
Community Health Choice
Foundation Health
HMO Blue
PCA
Americaid
Community First
First Care
Harris Methodist
Methodist Care

Texas

HMO - STAR

Quality Activities

External Quality Review Organization (EQRO):
Private Accreditation Organization

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Focused Studies
Medical Record Audit

EQRO Name:
Texas Health Quality Alliance

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

Texas

HMO - STAR Plus (+)

Contact Information

State Medicaid Contact Name:
Cathy Rossberg

State Medicaid Contact Telephone Number:
(512)424-6511

State Website Address:
http://www.hhsc.state.tx.us/starplus/starplu

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
February 01,1998

Implementation Date:
January 01,1998

Waiver Expiration Date:
January 31,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(25)

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Not Eligible
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other (Non SSI Eligible for HCS Waiver (CBA))	Mandatory

Texas

HMO - STAR Plus (+)

Population Categories Excluded:

Poverty Level Pregnant Women
Participate in HCBS Waiver

Other Population Categories Excluded:

Recipients who do not have full Medicaid coverage in the community (QMB, SLMB, Frail Elderly); Recipients in waiver programs other than CBA (Nursing Facility Waiver).

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Durable Medical Equipment (DME)

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Physician Assistants
Psychiatrists

Other Services Included:

Services for Pregnant Women and Birthing Centers
Blood and Ophthalmology
Optometry
Obstetrical
Podiatry
Adult Well Check
Transplants
Renal Dialysis
Physical Therapy
Occupational Therapy and Speech Therapy
Care Coordination

Other PCP Provider Types:

Specialists

Plans

Plan Names:

ACCESS
HMO Blue
Americaid

Texas

HMO - STAR Plus (+)

Quality Activities

External Quality Review Organization (EQRO):
Private Accreditation Organization

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Focused Studies
Medical Record Audit

EQRO Name:
Texas Health Quality Alliance

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

Texas

Lonestar Select I

Contact Information

State Medicaid Contact Name:
Rick Peters

State Medicaid Contact Telephone Number:
(512)794-6870

State Website Address:
http://www.tdh.texas.gov/hcf/medicaid.htm

Program Impact

Geographic Areas Covered:
City(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(4)

Managed Care Arrangement:
Not Applicable

Other Managed Care Arrangement:
Selective Contracting

Phased-In Implementation:
No

Initial Waiver Approval Date:
September 01,1994

Implementation Date:
September 01,1994

Waiver Expiration Date:
August 31,1998

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
1902(a)(13)(A), 1902(a)(13)(B)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Texas

Lonestar Select I

Population Categories Excluded:
Enrrolled in Another Managed Care Program
Eligibility Less Than 3 Months

Other Population Categories Excluded:
Not Applicable

Lock-In Provision:
Other Period for Lock-In

Service Delivery

Included Services:
Inpatient Hospital

Other Services Included:
Not Applicable

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
State Designated Hospitals

Plans

Plan Names:
Not Applicable

Texas

Lonestar Select I

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Other EQRO Organization:
Not Applicable

EQRO Name:
Not Applicable

Type of Data Collected:
Not Applicable

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
This waiver allowed the State of Texas to selectively contract with hospitals to provide Inpatient Hospital Services.

Texas

Lonestar Select II

Contact Information

State Medicaid Contact Name:
Rick Peters

State Medicaid Contact Telephone Number:
(512)794-6870

State Website Address:
http://www.tdh.texas.gov/hcf/medicaid.htm

Program Impact

Geographic Areas Covered:
City(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(4)

Managed Care Arrangement:
Not Applicable

Other Managed Care Arrangement:
Selective Contracting

Phased-In Implementation:
No

Initial Waiver Approval Date:
March 01,1995

Implementation Date:
March 01,1995

Waiver Expiration Date:
August 19,1999

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
1902(a)(13)(A), 1902(a)(13)(B)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Texas

Lonestar Select II

Population Categories Excluded:
Enrrolled in Another Managed Care Program
Eligibility Less Than 3 Months

Other Population Categories Excluded:
Not Applicable

Lock-In Provision:
Other Period for Lock-In

Service Delivery

Included Services:
Inpatient Hospital

Other Services Included:
Not Applicable

PCP Provider Types:
Not Applicable

Other PCP Provider Types:
State Designated Hospitals

Plans

Plan Names:
Not Applicable

Texas

Lonestar Select II

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

This waiver allowed the State of Texas to contract selectively with hospitals to provide non-emergency inpatient psychiatric hospital services. The objective of the waiver is to allow the State to act as a more prudent purchaser of the waiver service and managed Mediciad program in a more effective and efficient manner.

Texas
PCCM - STAR

Contact Information

State Medicaid Contact Name:
Alison Smith

State Medicaid Contact Telephone Number:
(512)794-6862

State Website Address:
http://www.tdh.texas.gov/hcf/medicaid.htm

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
December 01,1993

Implementation Date:
December 01,1993

Waiver Expiration Date:
October 30,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(13)(A), except for (1) refer to disproportionate share payments and (2) refer to "inappropriate level of care payments", 1902(a)(13)(B)

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Texas

PCCM - STAR

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Recipients have to travel more than 30 miles or 45 minutes. Have an eligibility period that is only retroactive. Eligibles that are medically needy.

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Physician Assistants
Psychiatrists

Other Services Included:

Services for Pregnant Women and Birthing Centers
Blood and Ophthalmology
Obstetrical
Podiatry
Adult Well Check
Transplants
Renal Dialysis
Physical Therapy
Occupational Therapy and Speech Therapy

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Texas Health Network = Birch & Davis

Texas

PCCM - STAR

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Other EQRO Organization:
Not Applicable

EQRO Name:
Not Applicable

Type of Data Collected:
Not Applicable

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

Texas

PCCM - STAR Plus (+)

Contact Information

State Medicaid Contact Name:
Bill Farnsworth

State Medicaid Contact Telephone Number:
(512)438-4297

State Website Address:
http://www.hhsc.state.tx.us/starplus/starplu

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
February 01,1998

Implementation Date:
January 01,1998

Waiver Expiration Date:
January 31,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(13)(A), except for (1) refer to disproportionate share payments and (2) refer to "inappropriate level of care payments", 1902(a)(13)(B)

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Not Eligible
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other (Non SSI Eligible for HCS Waiver (CBA))	Mandatory

Texas

PCCM - STAR Plus (+)

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Poverty Level Pregnant Women
Participate in HCBS Waiver

Other Population Categories Excluded:

Recipients who do not have full Medicaid coverage in the community (QMB, SLMB, Frail Elderly); Recipients in waiver programs other than CBA (Nursing Facility Waiver).

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Durable Medical Equipment (DME)

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Physician Assistants
Psychiatrists

Other Services Included:

Services for Pregnant Women and Birthing Centers
Blood and Ophthalmology
Optometry
Obstetrical
Podiatry
Adult Well Check
Transplants
Renal Dialysis
Physical Therapy
Occupational Therapy and Speech Therapy
Care Coordination

Other PCP Provider Types:

Specialists

Plans

Plan Names:

Texas Health Network = Birch & Davis

Texas

PCCM - STAR Plus (+)

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

Utah

Choice Of Health Care Delivery

Contact Information

State Medicaid Contact Name:
Ed Furia

State Medicaid Contact Telephone Number:
(801)538-6505

State Website Address:
http://www.state.ut.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(4)

Managed Care Arrangement:
Primary Care Case Management (PCCM)
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
March 23,1982

Implementation Date:
July 01,1982

Waiver Expiration Date:
November 18,1998

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Utah

Choice Of Health Care Delivery

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months

Other Population Categories Excluded:

Clients in State Psychiatric Hospital

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

American Family Care
Healthwise/MedUtah
Pacificare
University Health Plan
Choice of Health Care Delivery
IHC Health Plan Inc.
United Healthcare of Utah

Utah

Choice Of Health Care Delivery

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
HealthInsight

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
Mandatory HMO enrollment in urban areas, voluntary PCCM in rural areas..

Utah

Prepaid Mental Health Program

Contact Information

State Medicaid Contact Name:
Karen Ford

State Website Address:
http://www.state.ut.us

State Medicaid Contact Telephone Number:
(801)538-6637

Program Impact

Geographic Areas Covered:
County(s)

Initial Waiver Approval Date:
July 01,1991

Operating Authority:
1915(b)

Implementation Date:
July 01,1991

Statutes Utilized:
1915(b)(4)

Waiver Expiration Date:
May 01,1999

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
No

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Utah

Prepaid Mental Health Program

Population Categories Excluded:

Other Insurance
Reside in Nursing Facility or ICF/MR

Other Population Categories Excluded:

Clients in State Psychiatric Hospital, State Developmental Center (MR/DD)

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
EPSDT
Inpatient Mental Health
Outpatient Mental Health
Case Management
Transportation

PCP Provider Types:

Not Applicable

Other Services Included:

Mental Health Clinic
Targeted Case Management for the MI

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Bear River Mental Health
Central Utah Mental Health
Davis Mental Health
Four Corners Mental Health
Southwest Mental Health
Valley Mental Health
Wasatch Mental Health
Weber Mental Health

Utah

Prepaid Mental Health Program

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Community Mental Health Centers serve as Prepaid Mental Health Plans to provide/coordinate all mental health services in 8 of Utah's 11 mental health service areas. "Indefinite" under the lock-in provision indicates that individuals do not have the opportunity to disenroll without cause on a periodic basis. If they petition to get out of the program the State will most likely allow the individual to do so.

Virginia
Medallion

Contact Information

State Medicaid Contact Name:
James Cohen

State Medicaid Contact Telephone Number:
(804)371-4948

State Website Address:
http://www.dmas.state.va.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
December 23,1991

Implementation Date:
March 01,1992

Waiver Expiration Date:
March 26,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Virginia

Medallion

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Population Categories Excluded:

Spend down, Refugees, Hospice

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Physician
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Case Management

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Most Virginia Medicaid Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Medallion

Virginia

Medallion

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
Monthly patient management fee of $3.00.

Virginia
Medallion II

Contact Information

State Medicaid Contact Name:
James Cohen

State Medicaid Contact Telephone Number:
(804)371-4948

State Website Address:
http://www.dmas.state.va.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
December 18,1995

Implementation Date:
January 01,1996

Waiver Expiration Date:
August 21,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Virginia

Medallion II

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Population Categories Excluded:

Enrolled With Hospice

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Inpatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Most Virginia Medicaid Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Chartered Health Plan
Healthkeepers Plus - Priority
Healthkeepers Plus - Peninsula
Sentara Family Care

Virginia

Medallion II

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
KePro

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

Washington
Healthy Options

Contact Information

State Medicaid Contact Name:
Julie Lake

State Medicaid Contact Telephone Number:
(360) 586-6517

State Website Address:
http://www.dshs.wa.gov

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Managed Care Arrangement:
Primary Care Case Management (PCCM)
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
July 01,1993

Implementation Date:
October 01,1993

Waiver Expiration Date:
March 25,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(30)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other (Pregnant Women And Optional Children)	Mandatory

Washington

Healthy Options

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles) Enrolled in Another Managed Care Program

Other Population Categories Excluded:

Retroactive Eligibility

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers
Physician Assistants
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Licensed Midwife
Ambulance
STD Screens & Follow Ups
HIV Testing & TB Screens

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

BHP Plus
Clark United Providers
Group Health Coop
Healthy Options/PCCM
Kitsap Physicians Services
Nylcare
Qual-Med
Skagit County Medical Bureau
Blue Cross
Community Health Plans of Washington
Group Health NW
Kaiser
Medical Services Corp
Providence Health Care
Regence
Whatcom County Medical Bureau

Washington

Healthy Options

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Other EQRO Organization:
Not Applicable

EQRO Name:
Oregon Medical Professional Review Organization

Type of Data Collected:
Encounter Data
Outcome Data

Other Type of Data Collected:
Provider Network

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
Voluntary PCCM available for Native Americans only. Hearing and Visual equipment are fee for service, the examinations are covered.

Washington

Hospital Selective Contracting

Contact Information

State Medicaid Contact Name:
Alan McMullen

State Website Address:
http://www.mhdsql.mhd.dshs.wa.gov

State Medicaid Contact Telephone Number:
(360) 586-6698

Program Impact

Geographic Areas Covered:

Initial Waiver Approval Date:
March 10,1988

Operating Authority:
1915(b)

Implementation Date:
April 01,1988

Statutes Utilized:
1915(b)(4)

Waiver Expiration Date:
December 31,1998

Managed Care Arrangement:
Not Applicable

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Managed Care Arrangement:
Selective Contracting

Other Statutes Waived:
1902(A)(13)

Phased-In Implementation:
No

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other (Pregnant Women And Optional Children)	Mandatory

Washington

Hospital Selective Contracting

Population Categories Excluded:
Medicare, Except Medicaid-Only Services(Dual Eligibles) Enrolled in Another Managed Care Program

Other Population Categories Excluded:
Retroactive Eligibility

Lock-In Provision:
No Lock-In

Service Delivery

Included Services:
Inpatient Hospital
Laboratory
X-Ray
Durable Medical Equipment (DME)
Hearing
Vision

PCP Provider Types:
Indian Health Services Providers
Physician Assistants

Other Services Included:
Not Applicable

Other PCP Provider Types:
Not Applicable

Plans

Plan Names:
Washington State

Washington

Hospital Selective Contracting

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

Washington

Mental Health Services

Contact Information

State Medicaid Contact Name:
Corkie Hirsch

State Medicaid Contact Telephone Number:
(360) 902-0830

State Website Address:
http://www.mhdsql.mhd.dshs.wa.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
April 27,1993

Implementation Date:
July 01,1993

Waiver Expiration Date:
November 12,1998

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(30)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Washington

Mental Health Services

Population Categories Excluded:

Other Insurance
Reside in Nursing Facility or ICF/MR

Other Population Categories Excluded:

Residents of State Owned Institutions, Eligibles for Tribal Health services who elect not to participate

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

EPSDT
Inpatient Mental Health
Outpatient Mental Health
Case Management

Other Services Included:

Rehabilitation Services

PCP Provider Types:

Nurse Practitioners
Indian Health Service Providers
Physician Assistants
Psychiatrists

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Chelan/Douglas Regional Support Network
Grays Harbor Regional Support Network
King County Regional Support Network
North Sound Regional Support Network
Pierce County Regional Support Network
Spokane County Regional Support Network
Thurston/Mason Regional Support Network
Clark County Regional Support Network
Greater Columbia Regional Support Network
North Central Washington Regional Support Networ
Northeast Washington Regional Support Network
Southwest Regional Support Network
The Peninsula Regional Support Network
Timberland Regional Support Network

Washington

Mental Health Services

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Internally

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Due to the nature of the waiver which is for a limited segment of services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper.

West Virginia
Mountain Health Trust

Contact Information

State Medicaid Contact Name:
Randy Myers

State Medicaid Contact Telephone Number:
(304)926-1933

State Website Address:
http://www.wvdhhr.org

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(4)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
April 29,1996

Implementation Date:
September 01,1996

Waiver Expiration Date:
August 31,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

West Virginia

Mountain Health Trust

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Medically Needy

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Case Management
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Dental services include adults only. Transportation in emergencies only.

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Carelink Health Plan
Optimum Choice
Health Plan of the Upper Ohio Valley

West Virginia

Mountain Health Trust

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Delmarva Foundation for Medical Care, Inc.

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
None

West Virginia

Physician Assured Access System

Contact Information

State Medicaid Contact Name:
Ellen Cannon

State Medicaid Contact Telephone Number:
(304)926-1707

State Website Address:
http://www.wvdhhr.org

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
August 29,1991

Implementation Date:
June 01,1992

Waiver Expiration Date:
September 10,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

West Virginia

Physician Assured Access System

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Spend Down and pregnant women unless they are under care of PAAS PCP.

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Physician
Home Health
Inpatient Mental Health
Inpatient Substance Abuse
Case Management
Durable Medical Equipment (DME)
Hearing

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Most West Virginia Medicaid Services

Other PCP Provider Types:

General Surgeons

Plans

Plan Names:

Physician Assured Access System

West Virginia

Physician Assured Access System

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

Wisconsin
Medicaid HMO Program

Contact Information

State Medicaid Contact Name:
Angie Dombrowicki

State Medicaid Contact Telephone Number:
(608)266-1935

State Website Address:
http://www.dhfs.state.wi.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1915(b)

Statutes Utilized:
1915(b)(1)
1915(b)(2)
1915(b)(3)
1915(b)(4)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
May 12,1982

Implementation Date:
August 01,1984

Waiver Expiration Date:
September 30,1998

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Wisconsin

Medicaid HMO Program

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Recipients Residing In A Fee-For-Service County, Refugees, Migrant Workers

Lock-In Provision:

1 Year Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers
Physician Assistants

Other Services Included:

Chiropractic
Podiatry
Nurse
Physical Therapy
Optometry
Speech,

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Atrium Health Plan
Dean Health Plan
Greater Lacrosse Health Plan
Group Health Cooperative of SC WI
Managed Health Services
Mercy Care Health Plan
Physicians Plus
Security Health Plan
Unity Health Plan
Compcare
Family Health Plan
Group Health Cooperative of Eau Claire
Humana/Wisconsin Health Organization (Mandatory
Maxicare
Network Health Plan
Primecare
United Health Plan
Valley Health Plan

Wisconsin

Medicaid HMO Program

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Medistar (Wisconsin PRO)

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
Enrollment brokers vary by county; summary and detailed claim data required; HMOs required to coordinate with WIC, county non-MA Programs, Etc.

Wyoming

Hospital Inpatient Selective Contracting

Contact Information

State Medicaid Contact Name:
Sharon Kuster

State Website Address:
Not Applicable

State Medicaid Contact Telephone Number:
(307)777-7245

Program Impact

Geographic Areas Covered:
Statewide

Initial Waiver Approval Date:
October 18,1993

Operating Authority:
1915(b)

Implementation Date:
July 01,1994

Statutes Utilized:
1915(b)(4)

Waiver Expiration Date:
March 15,1999

Managed Care Arrangement:
Not Applicable

Statutes Waived:
1902(a)(23)

Other Managed Care Arrangement:
Selective Contracting

Other Statutes Waived:
1902(a)(13)(A) and (B)

Phased-In Implementation:
No

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Not Eligible
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Wyoming

Hospital Inpatient Selective Contracting

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Other Insurance
Eligibility Less Than 3 Months

Other Population Categories Excluded:

All Individuals Over Age 21

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Laboratory
X-Ray
EPSDT
Physician
Inpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Pharmacy
Transportation

PCP Provider Types:

Pediatricians

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Inpatient Hospital Selective Contract

Wyoming

Hospital Inpatient Selective Contracting

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

This program provides transportation services to transplant patients. "Indefinite" under the lock-in provision indicates that individuals do not have the opportunity to disenroll without cause on a periodic basis. If they petition to get out of the program the State will most likely allow the individual to do so.

Section 1115 Research and Demonstration Waivers

Alabama

Bay Health Plan

Contact Information

State Medicaid Contact Name:
Jacqueline Gray

State Website Address:
http://www.medicaid.state.al.us

State Medicaid Contact Telephone Number:
(334)242-5014

Program Impact

Geographic Areas Covered:
County(s)
City(s)
Region(s)

Initial Waiver Approval Date:
December 06,1996

Operating Authority:
1115(a)

Implementation Date:
May 01,1997

Statutes Utilized:
1115(a)

Waiver Expiration Date:
April 30,2002

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Statutes Waived:
1902(a)(1)
1902(a)(23)

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
No

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other (Refugee and SOBRA)	Mandatory

Alabama

Bay Health Plan

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Not Applicable

Other PCP Provider Types:

Infectious Disease and Nephrologist

Plans

Plan Names:

PrimeHealth, Inc.

Alabama

Bay Health Plan

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Alabama Quality Assurance Foundation

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
None

Arizona

Arizona Health Care Cost Containment System (AHCCCS)

Contact Information

State Medicaid Contact Name:
Lynn Dunton

State Medicaid Contact Telephone Number:
(602)417-4447

State Website Address:
http://www.AHCCCS.state.az.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Prepaid Health Plan (PHP)
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
July 13,1982

Implementation Date:
October 01,1982

Waiver Expiration Date:
September 30,1998

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4), 1902(a)(10)(A)(ii), 1902(a)(10)(A)(ii)(V), 1902(a)(10)(B)(i), 1902(a)(13), 1902(a)(14), 1902(a)(17), 1902(a)(30), 1902(a)(54), 1902(q)(1)(A).

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other (Not Appicable)	Not Applicable

Arizona

Arizona Health Care Cost Containment System (AHCCCS)

Population Categories Excluded:
Not Applicable

Other Population Categories Excluded:
Not Applicable

Lock-In Provision:
1 Year Lock-In

Service Delivery

Included Services:
Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:
Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers
Physician Assistants

Other Services Included:
Acute Care
Behavioral Health
Institutional
Home and Community Based
and Case Management Services are integrated into a single delivery package.

Other PCP Provider Types:
Not Applicable

Plans

Plan Names:
Arizona Health Concepts (Family Planning Extension)
AZ Physicians IPA (Family Planning Extension)
AZ Physicians IPA (PC)
Cigna Community Choice (HP)
Department of Economic Security/Childrens Medical and Dental Program (Family Planning Extension)
Department of Economic Security/Division of Developmental Disabilities (PC)
Doctors Health Plan (Family Planning Extension)
Family Health Plan of North Eastern Arizona (Family Planning Extension)
Health Choice Arizona (Family Planning Extension)
Arizona Health Concepts (HP)
AZ Physicians IPA (HP)
Cigna Community Choice (Family Planning Extensio
Cochise Co. Dept. Health Services (PC)
Department of Economic Security/Childrens Medical Dental Program (HP)
Department of Health Services (Behavioral Health)
Doctors Health Plan (HP)
Family Health Plan of North Eastern Arizona (HP)
Health Choice Arizona (HP)

Maricopa Managed Care Systems (Family Planning Extension)
Maricopa Managed Care Systems (HP)
Mercy Care Plan (Family Planning Extension)
Phoenix Health Plan/Community Connection (Family Planning Extension)
Pima Health Plan (HP)
Pima Health System (PC)
University Family Care (Family Planning Extension)
Ventana Health Systems (PC)

Maricopa Managed Care Systems (HP and PC)
Maricopa Managed Care Systems (PC)
Mercy Care Plan (HP)
Phoenix Health Plan/Community Connection (HP)
Pima Health System (Family Planning Extension)
Pinal County Long Term Care (PC)
University Family Care (HP)
Yavapai County Long Term Care (PC)

Arizona

Arizona Health Care Cost Containment System (AHCCCS)

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Health Services Advisory Group

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:

A managed care system based on prepaid capitation to health plans and long term care program contractors. Never operated as a fee-for-service program. Waivers include 75/25 rule, lock-in of enrollment up to 12 months and 6 month guaranteed eligibility. Arizona contracts with AZ Dept. of Health Services, who in turn contracts with Regional Behavioral Health Authorities (RBHAs) to provide behavioral health services to AHCCCS members, except 18,19 or 20 year olds who are not seriously mentally ill. Hospice, vision and hearing services are only offered to EPSDT. Case Management services are only offered to long term care and developmentally disabled recipients.

California

Center For Elders Independence

Contact Information

State Medicaid Contact Name:
Lora Connolly

State Medicaid Contact Telephone Number:
(916)322-4475

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Not Applicable

Other Managed Care Arrangement:
Senior Health Service Center

Phased-In Implementation:
No

Initial Waiver Approval Date:
April 04,1995

Implementation Date:
April 01,1995

Waiver Expiration Date:
September 30,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1903(m)(2)(A)(I)(II), 1903(f)(4)(C)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Not Eligible
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

California

Center For Elders Independence

Population Categories Excluded:

Poverty Level Pregnant Women
Enrolled in Another Managed Care Program
Special Needs Children

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
Immunization
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Physician Assistants
Psychiatrists
Psychologists
Clinical Social Workers
Additionologist
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Long Term Care

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Centers for Elders Independence

California

Center For Elders Independence

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Utilization Data
Financial Data
Grievance and Complaint
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Internally

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
This is a Health and Social Service program for persons who are certified by CA for Nursing Home levels of care.

California

On Lock Senior Health Services

Contact Information

State Medicaid Contact Name:
Lora Connolly

State Medicaid Contact Telephone Number:
(916)322-4475

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Not Applicable

Other Managed Care Arrangement:
Senior Health Service Center

Phased-In Implementation:
No

Initial Waiver Approval Date:
November 01,1983

Implementation Date:
November 01,1983

Waiver Expiration Date:
September 30,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1903(m)(2)(A)(I)(II), 1903(f)(4)(C)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Not Eligible
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

California

On Lock Senior Health Services

Population Categories Excluded:

Poverty Level Pregnant Women
Enrolled in Another Managed Care Program
Special Needs Children

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
Immunization
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Physician Assistants
Psychiatrists
Psychologists
Clinical Social Workers
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Long Term Care

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

On Lok

California

On Lock Senior Health Services

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Utilization Data
Financial Data
Grievance and Complaint
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Internally

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
This is a health and social service program for persons who are certified by the State for nursing home level of care.

California

Senior Care Action Network

Contact Information

State Medicaid Contact Name:
Susanne M. Hughes

State Medicaid Contact Telephone Number:
(916)654-8076

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Not Applicable

Other Managed Care Arrangement:
Social Health Maintenance Organization

Phased-In Implementation:
No

Initial Waiver Approval Date:
June 07,1905

Implementation Date:
January 01,1985

Waiver Expiration Date:
December 31,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(e)(2)(A), 1902(a)(30)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Not Eligible
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Voluntary
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

California

Senior Care Action Network

Population Categories Excluded:

Poverty Level Pregnant Women
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Special Needs Children

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
Immunization
Physician
Home Health
Dental
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

General Practitioners
Internist
Nurse Practitioners
Physician Assistants

Other Services Included:

Long Term Care

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Scan Health Plan

California

Senior Care Action Network

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Other EQRO Organization:
Not Applicable

EQRO Name:
Not Applicable

Type of Data Collected:
Not Applicable

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
This is a Social HMO.

California

Sutter Senior Care

Contact Information

State Medicaid Contact Name:
Lora Connolly

State Medicaid Contact Telephone Number:
(916)322-4475

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Not Applicable

Other Managed Care Arrangement:
Senior Health Service Center

Phased-In Implementation:
No

Initial Waiver Approval Date:
July 14,1994

Implementation Date:
May 01,1994

Waiver Expiration Date:
September 30,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1903 (m)(2)(A)(I)(II), 1903(f)(4)(c)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Not Eligible
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

California

Sutter Senior Care

Population Categories Excluded:

Poverty Level Pregnant Women
Enrolled in Another Managed Care Program
Special Needs Children

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
Immunization
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Physician Assistants
Psychiatrists
Psychologists
Clinical Social Workers
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Long Term Care

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Sutter Senior Care

California

Sutter Senior Care

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Utilization Data
Financial Data
Grievance and Complaint
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Internally

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
This is a Health and Social Service program for persons who are certified by State for nursing home levels of care.

Delaware

Diamond State Health

Contact Information

State Medicaid Contact Name:
Kay Holmes

State Medicaid Contact Telephone Number:
(302)577-4900

State Website Address:
http://www.state.de.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
May 17,1995

Implementation Date:
January 01,1996

Waiver Expiration Date:
March 01,2001

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(10), 1902(a)(13)(E),
1902(a)(34), 1902(a)(30)(A),
1903(m)(2)(A)(ii),(vi)

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Delaware

Diamond State Health

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Persons who have accessable third party managed care insurance.

Lock-In Provision:

1 Year Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Outpatient Mental Health
Oupatient Substance Abuse
Case Management
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
Nurse Practitioners
Nurse Midwives

Other Services Included:

All Other Delaware Medicaid Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Amerihealth
First State Health Plan
Delawarecare

Delaware

Diamond State Health

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Peer Review Organizations, Inc.

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

This program offers very limited Mental Health and Substance Abuse benefits. Most of the Mental Health and Substance Abuse Services are fee-for-service.

District of Columbia

Health Services for Children w/Spec. Needs

Contact Information

State Medicaid Contact Name:
Jane Thompson

State Medicaid Contact Telephone Number:
(202)645-5053

State Website Address:
Not Applicable

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
October 13,1995

Implementation Date:
February 01,1996

Waiver Expiration Date:
December 01,1998

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1903(m)(2)(A)(ii), 1903(m)(2)(A)(vi)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Not Eligible
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

District of Columbia

Health Services for Children w/Spec. Needs

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Poverty Level Pregnant Women
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Population Categories Excluded:

Restricted Beneficiaries

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
FQHCs
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Most DC Medicaid Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Health Services for Children w/Spec. Needs

District of Columbia

Health Services for Children w/Spec. Needs

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Delmarva Foundation for Medical Care, Inc.

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

Hawaii

Hawaii Quest

Contact Information

State Medicaid Contact Name:
Aileen Hiramatsu

State Medicaid Contact Telephone Number:
(808)692-8083

State Website Address:
Not Applicable

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
July 16,1993

Implementation Date:
August 01,1994

Waiver Expiration Date:
March 31,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4), 1902(a)(10)(A)(i)(I) and (III-VII), 1902(a)(10)(B), 1902(a)(13)(C), 1902(a)(17)(D), 1902(a)(25)(G), 1902(a)(30), 1902(a)(51)(B), 1902(a)(58), 1902(a)(52), 1902(a)(34), 1902(a)(10)(C)(ii), 1902(e)(1)(A); 1902(e)(4-7)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other (State General Assistance, State Health Insurance Program)	Not Applicable

Hawaii

Hawaii Quest

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver
Special Needs Children

Other Population Categories Excluded:

Foster Children living outside of the State, anyone who meets categorical requirements for being Aged, Blind or Disabled.

Lock-In Provision:

1 Year Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Psychiatrists

Other Services Included:

Adult Dental covered for emergency only. Seriously mental ill or seriously emotionally disturbed receive Specialty Services from Specialized Managed Care Plans.

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Aloha Care
Aloha Care-Dental
Denticare
HMSA-Behavioral Health for SMI
HMSA-Dental
HMSA-Medical
Kaiser Foundation
Kapiolani HealthHawaii
Queen's Hawaii Care
Queens Hawaii Care
Straub

Hawaii

Hawaii Quest

Quality Activities

External Quality Review Organization (EQRO):
Other EQRO Organization

Type of Data Collected:
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Nil

Other Type of Data Collected:
Not Applicable

EQRO Name:
First Mental Health, Inc.

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
This program provides medical, dental, and behavioral health services through competitive managed care delivery systems statewide.

Kentucky

Kentucky Partnership

Contact Information

State Medicaid Contact Name:
Richard Heine

State Medicaid Contact Telephone Number:
(502)564-7940

State Website Address:
http://www.cfc-chs.chr.state.ky.us

Program Impact

Geographic Areas Covered:
Statewide
Region(s)

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
October 06,1995

Implementation Date:
November 01,1997

Waiver Expiration Date:
November 01,2002

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other (Most Medicaid Eligibles)	Mandatory

Kentucky

Kentucky Partnership

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Population Categories Excluded:

Spenddown,QMB only

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Outpatient Mental Health
Inpatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Physician Assistants
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Kentucky Health Select
Passport

Kentucky

Kentucky Partnership

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Health Care Review Corp.

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
This program is phasing in one region at a time. There are two regions that are operating as of 6/30/98. The remaining regions will be operational within a year. This program provides Inpatient Substance Abuse Services but only for acute services.

Maryland
Health Choice

Contact Information

State Medicaid Contact Name:
Alice Thometz

State Medicaid Contact Telephone Number:
(410)767-4664

State Website Address:
Not Applicable

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
October 31,1996

Implementation Date:
July 01,1997

Waiver Expiration Date:
June 01,2002

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(13)(E), 1902(a)(5),1902(a)(47), 1902(a)(4)(A)

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Maryland

Health Choice

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Population Categories Excluded:

Enrolled in Maryland Kids Count Program and Family Planning.

Lock-In Provision:

1 Year Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Psychiatrists
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Most of Maryland Medicaid Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Chesapeake Health Plan
Helix Family Choice
Maryland Physician Care MCO
Prime Health Cooperation
Prudential
Freestate Health Plan
JAI Medical System
New American Health MCO
Priority Partner MCO

Maryland

Health Choice

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Delmarva Foundation for Medical Care, Inc.

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
None

Massachusetts

Mass Health

Contact Information

State Medicaid Contact Name:
Phyllis Peters

State Medicaid Contact Telephone Number:
(617)210-5720

State Website Address:
http://www.state.ma.us/dma/

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Primary Care Case Management (PCCM)
Prepaid Health Plan (PHP)
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
April 15,1995

Implementation Date:
July 01,1997

Waiver Expiration Date:
April 30,2001

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4)(A);1902(a)(13)(E)

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Not Eligible
Foster Care Children	Mandatory
Title XXI SCHIP	Mandatory
Other (Long Term Unemployed, EAEDC Recipients between 18 and 65, and Qualified Aliens of all ages not eligible under Mass Health criteria)	Mandatory

Massachusetts

Mass Health

Population Categories Excluded:

Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Population Categories Excluded:

Presump Eligible Pregnant Women

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Not Applicable

Other PCP Provider Types:

Specialists with Permission from Division
Medical Assitants

Plans

Plan Names:

Boston Medical Center HealthN Plan
Community Medical Alliance
Harvard Community Health Plan
Kaiser Foundation Health Plan
Neighborhood Health Plan
Pilgrim Health Care
Tufts Associated Health Plan
Community Health Plan
Fallon Community Health Plan
HMO Blue
MA Behavioral Health Partnership
Network Health
Primary Care Clinician Plan

Massachusetts

Mass Health

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
MassPRO

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
Mass Health has a behavioral carve-out for the PCCM enrollees. The MA Behavioral Health Partnership is the contractor that provides the behavioral health services.□

Minnesota

Minnesota Senior Health Options Program (MSHO)

Contact Information

State Medicaid Contact Name:
Mary Kennedy

State Medicaid Contact Telephone Number:
(651)282-9921

State Website Address:
http://www.dhs.state.mn.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
April 27,1995

Implementation Date:
February 01,1997

Waiver Expiration Date:
December 31,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(7), 1903(m)(1)(A), 1903(m)(2)(A)(i), (ii) and (iv)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Not Eligible
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Voluntary
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other (Must be age 65 or older and dually eligible for Medicare and Medicaid.)	Voluntary

Minnesota

Minnesota Senior Health Options Program (MSHO)

Population Categories Excluded:

Poverty Level Pregnant Women
Enrolled in Another Managed Care Program
Special Needs Children

Other Population Categories Excluded:

Anyone Not Over Age 65 And Dually Eligible For Medicare And Medicaid

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Not Applicable

Other Services Included:

All Other MN Benefits Covered Except ICF/MR; All Medicare Services Under Parts A And B; Services Available Under The Home And Community Based Waiver (Elderly Waiver)

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Medica
MHP
UCARE

Minnesota

Minnesota Senior Health Options Program (MSHO)

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Stratis Health

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
PCP provider types are designated by HMOs rather than State; county staff perform enrollment functions. Health plans have been encouraged to develop networks with professionals with geriatric experience.

Minnesota

MinnesotaCare Program For Families And Children

Contact Information

State Medicaid Contact Name:
Mary Kennedy

State Medicaid Contact Telephone Number:
(651)282-9921

State Website Address:
http://www.dhs.state.mn.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
April 27,1995

Implementation Date:
July 01,1995

Waiver Expiration Date:
June 30,1999

Statutes Waived:
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4), 1902(a)(13)(E),1902(a)(30), 1903(m)(2)(A)(i), (ii) & (iv)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Mandatory
Title XXI SCHIP	Not Eligible
Other (Needy Children Not TANF-Related, Pregnant Women And Children At Or Below 275% Of FPL)	Voluntary

Minnesota

MinnesotaCare Program For Families And Children

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Other Insurance
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

1 Year Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Not Applicable

Other Services Included:

All Other MN Benefits Covered Except NF
ICF/MR
And HCBS Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Blue Plus
First Plan
Itasca Medical Care
MHP
Central MN Group Health
Health Partners
Medica
UCARE

Minnesota

MinnesotaCare Program For Families And Children

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Stratis Health

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
PCP provider types are designated by HMOs rather than State; county staff perform enrollment functions.

Minnesota

Prepaid Medical Assistance Program Plus (PMAP Plus)

Contact Information

State Medicaid Contact Name:
Mary Kennedy

State Medicaid Contact Telephone Number:
(651)282-9921

State Website Address:
http://www.dhs.state.mn.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
July 01,1985

Implementation Date:
July 01,1985

Waiver Expiration Date:
June 30,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(4), 1902(a)(13)(E),1902(a)(30), 1903(m)(2)(A)(i), (ii) & (iv)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Mandatory
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other (Needy Children Not TANF-Related, Pregnant Women And Children At Or Below 275% Of FPL)	Voluntary

Minnesota

Prepaid Medical Assistance Program Plus (PMAP Plus)

Population Categories Excluded:

Enrrolled in Another Managed Care Program

Other Population Categories Excluded:

Blind And Disabled Under Age 65, QMBs & SLMBs Not Otherwise Receiving MA;Those With Private Coverage With An HMO Not Participating In MA; Children Eligible Through Subsidized Adoption; Refugee Assistance Program Recipients; Residing in State Institution

Lock-In Provision:

1 Year Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Not Applicable

Other Services Included:

All Other MN Benefits Covered Except NF ICF/MR And HCBS Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Blue Plus
First Plan
Itasca Medical Care
MHP
Central MN Group Health
Health Partners
Medica
UCARE

Minnesota

Prepaid Medical Assistance Program Plus (PMAP Plus)

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Stratis Health

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
PCP provider types are designated by HMOs rather than State; county staff perform enrollment functions.

New York

Broome County Physician Case Management Program (MAX)

Contact Information

State Medicaid Contact Name:
Faith Baker

State Medicaid Contact Telephone Number:
(518)473-0122

State Website Address:
http://www.health.state.ny.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
July 15,1997

Implementation Date:
October 01,1997

Waiver Expiration Date:
July 14,2002

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other	Not Applicable

New York

Broome County Physician Case Management Program (MAX)

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

1 Year Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Case Management
Pharmacy

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
FQHCs
RHCs
Nurse Practitioners
Indian Health Service Providers
Physician Assistants

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Broome County MC

New York

Broome County Physician Case Management Program (MAX)

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

New York

New York State Managed Care Program

Contact Information

State Medicaid Contact Name:
Elizabeth McFarlane

State Medicaid Contact Telephone Number:
(518)473-0122

State Website Address:
http://www.health.state.ny.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Primary Care Case Management (PCCM)
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Physician Case Mangement Program

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
July 15,1997

Implementation Date:
October 01,1997

Waiver Expiration Date:
July 14,2002

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(13)(E);1902(a)(34), 1902(a)(25), 1902(a)(30)

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other (NYS Home Relief Adults)	Not Applicable

New York

New York State Managed Care Program

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months

Other Population Categories Excluded:

Participate in LTC Demonstration Program, Spend Down

Lock-In Provision:

1 Year Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Indian Health Service Providers
Physician Assistants

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Blue Choice HMO Options
Buffalo Community Health
Catholic Services Health Plan/Fidelis
Community Health Plan
Independent Health/Hudson Valley & WNY
Preferred Care
Broome County MC
Capital District Physicians Health Plan
Community Blue
HUM Healthcare Systems
Physician Case Management Program
Wellcare

New York

New York State Managed Care Program

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Island PRO

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
This program will have enrollment broker only in NYC.

Ohio

Ohio 1115 (TANF & TANF-Related)

Contact Information

State Medicaid Contact Name:
Cynthia Burnell

State Medicaid Contact Telephone Number:
(614)466-4693

State Website Address:
http://www.state.oh.us/odhs/medicaid/

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
January 17,1995

Implementation Date:
July 01,1996

Waiver Expiration Date:
December 31,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(30), 1902(a)(10)(A), 1902(a)34), 1902(a)17)(D), 1902(a)(30), 1902(a)(13)(a)

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Ohio

Ohio 1115 (TANF & TANF-Related)

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Population Categories Excluded:

All Except TANF and TANF-Related Medicaid Eligibles

Lock-In Provision:

6-Month Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

All Other Ohio Medicaid Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Daymed HMP
Emerald HMO
Genesis Health Plan of Ohio
HMO Health Ohio
Personal Physician Care
Summacare
Total Health Care Plan
Dayton Area Health Plan
Family Health Plan
Health Power HMO
Paramount Health Care
Qualchoice Health Plan
Supermed HMO

Ohio

Ohio 1115 (TANF & TANF-Related)

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Provider Network

EQRO Name:
Peer Review Systems

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
Specified counties are either mandatory or voluntary enrollment.

Oklahoma

SoonerCare Choice PCCM Model

Contact Information

State Medicaid Contact Name:
Leigh Brown

State Medicaid Contact Telephone Number:
(405)530-3419

State Website Address:
Not Applicable

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Partially Capitated

Phased-In Implementation:
No

Initial Waiver Approval Date:
October 12,1995

Implementation Date:
April 01,1996

Waiver Expiration Date:
June 30,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(34);1902(a)(10)(A);
1902(a)(30)(A)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Mandatory
Other (Dual Eligibles)	Voluntary

Oklahoma

SoonerCare Choice PCCM Model

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Special Needs Children

Other Population Categories Excluded:

Recipients of Home and Community Based Waivers, Recipients Who Travel More than 45 Miles or 45 Minutes, Recipients Whose Eligibility Period Is Retroactive, and Members of the ABD Population.

Lock-In Provision:

6-Month Lock-In

Service Delivery

Included Services:

Laboratory
X-Ray
EPSDT
Immunization
Physician
Case Management
Transportation

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Indian Health Service Providers
Physician Assistants

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Soonercare Choice

Oklahoma

SoonerCare Choice PCCM Model

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Oklahoma Foundation for Medical Quality

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
State contracts with the providers directly for rural areas. All services are fully capitated except for speciality services.

Oklahoma

SoonerCare Plus MCO Model

Contact Information

State Medicaid Contact Name:
Leigh Brown

State Medicaid Contact Telephone Number:
(405)530-3419

State Website Address:
Not Applicable

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
October 12,1995

Implementation Date:
April 01,1996

Waiver Expiration Date:
June 30,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(34);1902(a)(10)(A);
1902(a)(30)(A)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Mandatory
Other (Dual Eligibles)	Voluntary

Oklahoma

SoonerCare Plus MCO Model

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Special Needs Children

Other Population Categories Excluded:

Recipients of Home and Community Based Waivers, Recipients Who Travel More than 45 Miles or 45 Minutes, Recipients Whose Eligibility Period Is Retroactive, and Members of the ABD Population

Lock-In Provision:

1 Year Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Indian Health Service Providers
Physician Assistants

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Bluelincs
Foundation Health
Prime Advantage
Communitycare
Heartland

Oklahoma

SoonerCare Plus MCO Model

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Oklahoma Foundation for Medical Quality

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
None

Oregon

Oregon Health Plan

Contact Information

State Medicaid Contact Name:
Joel Young

State Medicaid Contact Telephone Number:
(503) 945-6494

State Website Address:
http://www.omap.hr.state.or.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Primary Care Case Management (PCCM)
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
March 19,1997

Implementation Date:
February 01,1994

Waiver Expiration Date:
January 31,2001

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(17);1902(a)(10)(A);
1902(a)(34); 1902(a)(23); 1902(a)(30);
1902(a)(10); 1902(a)(13)(E);
1902(a)(43)(A)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Mandatory
Other	Not Applicable

Oregon

Oregon Health Plan

Population Categories Excluded:
Other Insurance

Other Population Categories Excluded:
QMB, MN Spend Down

Lock-In Provision:
6-Month Lock-In

Service Delivery

Included Services:
Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:
Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers
Physician Assistants

Other Services Included:
ENCC

Other PCP Provider Types:
Physician Assistants
DO's

Plans

Plan Names:
Accountable Behavioral Health
Capitol Dental Care Inc.
Cascade Comprehensive Care
Central Oregon Independent Health Services
Deschutes County CDO
Evergreen Medical Systems Inc.
Family Care (Mental Health)
Greater Oregon Behavioral Health
Inter-Community Health Network
Jefferson Dental
Kaiser Permanente
Managed Dental Care of Oregon
Mid-Rogue Independent Practice Assoc.
Northwest Dental Services
ODS Health Plan
Oregon Health Management Service
Providence Health Plan
CapCare
Care Oregon
Cascade Dental Services
Clackamas County Mental Health
Douglas County IPA
Family Care
Frontier Dental
Hayden Family Dentistry
Jefferson Behavioral Health
Kaiser Dental
Lane Care MHO
Mid Valley Behavioral Care Network
Multicare Dental
ODS Dental Plan
ODS Health Plan (Mental Health)
Providence Behavioral
Providence Health Plan Lane County

Regence HMO
Roseburg Dental
Tuality Health Alliance (Mental Health)
Willamette Dental

Regence HMO (Mental Health)
Southcoast Dental
Tuality Health Care

Oregon

Oregon Health Plan

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Peer Review Systems, Ohio

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
None

Rhode Island

Rite Care

Contact Information

State Medicaid Contact Name:
Ron Ek

State Medicaid Contact Telephone Number:
(401)464-3054

State Website Address:
http://www.state.ri.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
November 01,1993

Implementation Date:
August 01,1994

Waiver Expiration Date:
July 31,1999

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1092(a)(17)(b),1902(a)(10)(A)(ii)(I)(II),1902(a)(10),1902(a)(14),1902(a)(13)(E),□1092(a)(34)

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Mandatory
Other	Not Applicable

Rhode Island

Rite Care

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Participate in HCBS Waiver
Amrican Indian/Alaskan Native
Special Needs Children

Other Population Categories Excluded:

Aged, Blind, Disabled, Spend-Down

Lock-In Provision:

1 Year Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Physician Assistants

Other Services Included:

Podiatry
Speech Therapy
Physical Therapy
Occupational Therapy
Nutrition
Group Education Programs

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Coordinated Health Partners
Neighborhood Health Plans of RI
Harvard Pilgrim Health Plan of NE
United Health Plans of NE

Rhode Island

Rite Care

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
IPRO

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Effective May 1, 1997, eligibility was expanded to include children in families with income up to 250% federal poverty level to age 18. Program has a one month open enrollment period every 12 months. Enrollees are "locked in" from the date of enrollment until the start of the open enrollment period. For new enrollees, this may be less than a year.

Tennessee

TennCare

Contact Information

State Medicaid Contact Name:
Wendy Long, M.D.

State Medicaid Contact Telephone Number:
(615)741-0213

State Website Address:
http://www.state.tn.us/health/tenncare

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Prepaid Health Plan (PHP)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
November 18,1993

Implementation Date:
January 01,1994

Waiver Expiration Date:
December 31,2001

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(10)(A)(ii)(I),(II); 1902(a)(34); 1902(a),(30);

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Mandatory
Other (Medically Needy, Uninsureds, and Uninsurables)	Mandatory

Tennessee

TennCare

Population Categories Excluded:
Not Applicable

Other Population Categories Excluded:
Individuals not qualifying under traditional Medicaid

Lock-In Provision:
1 Year Lock-In

Service Delivery

Included Services:
Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:
Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Indian Health Service Providers
Physician Assistants
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:
All Title XIX Medicaid Services are covered except Long Term Care

Other PCP Provider Types:
Not Applicable

Plans

Plan Names:
John Deere Health Care/Heritage National Health Plan
Omnicare Health Plan
Preferred Health Partnership/PHP
Prudential Health Care
TN Managed Care Network (Access Medplus)
VUMC Care (VHP Community Care)
Memphis Managed Care Corp. (TLC)
Phoenix Health Care
Premier Behavioral Systems of TN
Tennessee Behavioral Health, Inc.
Volunteer State Health Plan (Bluecare)

Tennessee

TennCare

Quality Activities

External Quality Review Organization (EQRO):
PRO-like Entity

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
First Health Services

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:

All medically necessary services are provided through the managed care organizations. All mental heath and substance abuse services are provided through the behavioral health organizations. Enrollees are given an opportunity once a year to change health plans. New enrollees are given a 45-day window to change health plans. TennCare provides health care coverage to all Medicaid-eligible enrollees, plus an expanded population of more than 400,000 individuals who are uninsured or uninsurable.

Vermont

Vermont Health Access

Contact Information

State Medicaid Contact Name:
Ann E. Rugg

State Medicaid Contact Telephone Number:
(802)241-2766

State Website Address:
http://www.dsw.state.vt.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
1115(a)

Statutes Utilized:
1115(a)

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
July 28,1995

Implementation Date:
January 01,1996

Waiver Expiration Date:
December 31,2000

Statutes Waived:
1902(a)(1)
1902(a)(10)(B)
1902(a)(23)

Other Statutes Waived:
1902(a)(10), 1902(a)(13)(C), 1902 (a)(34), 1902(a)(30)(A), 1902(a)(13)(A), 1902(a)(14)

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Mandatory
Section 1931 Adults and Related Populations	Mandatory
Section 1931 Blind/Disabled Children and Related Population	Mandatory
Section 1931 Blind/Disabled Adults and Related Populations	Mandatory
Aged and Related Populations	Mandatory
Foster Care Children	Mandatory
Title XXI SCHIP	Mandatory
Other	Not Applicable

Vermont

Vermont Health Access

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Individuals who Spendown, Children who participate in Vermont High Tech Home Care Program

Lock-In Provision:

1 Year Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Indian Health Service Providers
Physician Assistants
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Certified Nurse Midwife
Diabetic Supplies
Emergency Room
GYN Services
Maxillofacial Surgery
Nurse Practitioner
Nutritional Therapy
phthalmologist
Organ Transplant
Orthotics
Over-counter Drugs
Physical Therapy
Speech Therapy
Podiatry
Prosthetics

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Blue Cross Blue Shield of VT - Blue First

Community Health Plan - Access Plus

Vermont

Vermont Health Access

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Financial Data
Grievance and Complaint

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Delmarva Foundation for Health Care, Inc.

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
SSI/SSI-Related population is not currently eligible to enroll directly into this program unless they were totally enrolled as extended eligibles. In that case, they are allowed to retain their membership if they choose to.

Voluntary Waivers

California

Prepaid Health Plan Program

Contact Information

State Medicaid Contact Name:
Susanne M. Hughes

State Medicaid Contact Telephone Number:
(916)654-8076

State Website Address:
http://www.dhs.ca.gov

Program Impact

Geographic Areas Covered:
Other

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Prepaid Health Plan (PHP)
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
January 01,1970

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Voluntary
Other (All categories of Medi-Cal without a share of cost requirement)	Voluntary

California

Prepaid Health Plan Program

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Populations residing outside plans service area defined by zip codes.

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives
Psychiatrists

Other Services Included:

Chiropractic
Psychology
and Acupuncture

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Community Health Group
Great American Health Plan
Kaiser Foundation
Molina Medical Centers-PHPP
Sharp Health Plan
UHP Healthcare
Universal Care-Dental
Foundation Health
Health Net-PHPP
Maxicare
Omni Healthcare-PHPP
Tower Health Plan
Universal Care
Western Health Advantage

California

Prepaid Health Plan Program

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Other EQRO Organization:
Not Applicable

EQRO Name:
Internally

Type of Data Collected:
Utilization Data
Financial Data

Other Type of Data Collected:
Provider listing annually
fraud and abuse data

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous. Operate under State law. No waiver required. The program covers by zipcode.

Florida

Managed Health Care

Contact Information

State Medicaid Contact Name:
Kate Morgan

State Medicaid Contact Telephone Number:
(904)922-6830

State Website Address:
http://www.state.fl.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
October 01,1982

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Not Eligible
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Florida

Managed Health Care

Population Categories Excluded:

Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver
Amrican Indian/Alaskan Native

Other Population Categories Excluded:

Medically Needy

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Outpatient Mental Health
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Physician Assistants
Psychiatrists
Psychologists
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Downward Substitution

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Beacon Health Plan
Discovery Health Plan
Foundation Health
Healthy Palm Beaches
Medchoice Health Plan
Neighborhood Health Partnership, Inc.
Physicians Healthcare Plans, Inc.
St. Augustine Health Care, Inc.
United Healthcare Plans of Fl., Inc.
Champion Healthcare
Florida 1st Health Plan
Healthease
JMH Health Plan
Medipass
PCA Family Health Plan, Inc.
Preferred Medical Plan, Inc.
Staywell Health Plan

Florida

Managed Health Care

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
FMQAI

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
Non-plan and plan services are coordinated by plan, plan performs referrals. There is no expiration date listed for this program since it is voluntary and therefore continuous.

Georgia

Publicly-Funded Health Service Network

Contact Information

State Medicaid Contact Name:
Louise Bryde

State Website Address:
http://www2.state.ga.us/department/dma

State Medicaid Contact Telephone Number:
(404)657-7793

Program Impact

Geographic Areas Covered:
County(s)

Initial Waiver Approval Date:
Not Applicable

Operating Authority:
Voluntary

Implementation Date:
July 01,1197

Statutes Utilized:
Not Applicable

Waiver Expiration Date:
Not Applicable

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Statutes Waived:
Not Applicable

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
Yes

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Georgia

Publicly-Funded Health Service Network

Population Categories Excluded:

Poverty Level Pregnant Women
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver
Amrican Indian/Alaskan Native
Special Needs Children

Other Population Categories Excluded:

SOBRA Eligible Pregnant Women

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Inpatient Substance Abuse
Pharmacy
Durable Medical Equipment (DME)
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs

Other Services Included:

Children's Intervention Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Grady Healthcare, Inc.

Georgia

Publicly-Funded Health Service Network

Quality Activities

External Quality Review Organization (EQRO):
PRO-like Entity

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
MedQual

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
Enrollment permitted by health plan with verification of choice knowledge and enrollment processing by enrollment broker. Plan is comprehensive in scope, but non-risk. There is no expiration date listed for this program since it is voluntary and therefore continous.

Georgia

Voluntary HMO Program

Contact Information

State Medicaid Contact Name:
Louise Bryde

State Medicaid Contact Telephone Number:
(404)657-7793

State Website Address:
http://www2.state.ga.us/department/dma

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
February 01,1996

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Georgia

Voluntary HMO Program

Population Categories Excluded:

Poverty Level Pregnant Women
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver
Amrican Indian/Alaskan Native
Special Needs Children

Other Population Categories Excluded:

SOBRA Eligible Pregnant Women

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Inpatient Substance Abuse
Pharmacy
Durable Medical Equipment (DME)
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs

Other Services Included:

Children's Intervention Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

American Medical Plans of Georgia, Inc.
Familyplus Health Plans of Georgia, Inc.

American Medical Plans of Georgia, Inc..

Georgia

Voluntary HMO Program

Quality Activities

External Quality Review Organization (EQRO):
PRO-like Entity

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
MedQual

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
Enrollment permitted by health plan with verification of choice knowledge and enrollment processing by enrollment broker. There is no expiration date listed for this program since it is voluntary and therefore continuous.

Illinois

Voluntary Managed Care

Contact Information

State Medicaid Contact Name:
A. George Hovanec

State Medicaid Contact Telephone Number:
(217)782-2570

State Website Address:
http://www.state.il.us/dpa

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Prepaid Health Plan (PHP)
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
November 01,1974

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Voluntary
Other	Not Applicable

Illinois

Voluntary Managed Care

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

AABD, Refugees, All General Assistance, All Transitional Assistance, All Refugee Assistance, Department of Children & Family Services Wards, Healthy Start Eligibles, Spenddown Eligibles And Non-Citizens Only Receiving Emergency Services

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Pharmacy
Durable Medical Equipment (DME)
Transportation

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs

Other Services Included:

Private Duty Nursing
Clinic Services
Medical Appliances
Physical Therapies and Related Services
Emergency Medical Services
Blood and Blood Components
Podiatric and Chiropractic for Enrollees <21 If EPSDT Necessary

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Accord Health Plan
American Health Care Providers, Inc.
Central Illinois Community Care Network LLC
Community Health Choice
Family First Health Care
Harmony Health Plan
Illinois HealthCare
Neighborly Care Plan
UIHMO
Americaid Community Care
Central Illinois Community Care Network
Chicago HMO
County Care Total Health Plan
Family Health Network
Humana Health Plan
Illinois Masonic Community Health Plan
One Care, Inc.
Your Health Network

Illinois

Voluntary Managed Care

Quality Activities

External Quality Review Organization (EQRO):
PRO-like Entity

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Beneficiaries Not Receiving Services

EQRO Name:
Central Illinois Medical Review Organization

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
Nursing facility services are provided up to 90 days annually. The program includes a contract for health benefit representatives in the Cook county local offices to provide education, help eligible enrollees make a healthcare choice and enroll clients into a managed care plan if they so choose. There is no expiration date listed for this program since it is voluntary and therefore continuous.

Indiana

Hoosier Healthwise For Persons With Disabilities And Chronic Illnesses (HHPD)

Contact Information

State Medicaid Contact Name:
Sharon Steadman

State Medicaid Contact Telephone Number:
(317)233-4697

State Website Address:
http://www.ai.org/fssa/html/programs/2d.ht

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
July 01,1997

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Not Eligible
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Indiana

Hoosier Healthwise For Persons With Disabilities And Chronic Illnesses (HHPD)

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Poverty Level Pregnant Women
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver
Amrican Indian/Alaskan Native

Other Population Categories Excluded:

Spend Down, Primary Diagnosis Of Serious Mental Illness

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Chiropractic
Podiatry

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Managed Health Services (TeamSelect)

Indiana

Hoosier Healthwise For Persons With Disabilities And Chronic Illnesses (HHPD)

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Quarterly Monitoring Reports
Hotline Statistics

EQRO Name:
Health Care Excel

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

Maryland

Voluntary HMO Contracts

Contact Information

State Medicaid Contact Name:
Brenda Falcone

State Medicaid Contact Telephone Number:
(410)225-1482

State Website Address:
Not Applicable

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
July 01,1973

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Maryland

Voluntary HMO Contracts

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Pregnant Women Temporarily Eligible,
Children in Kids Count Program

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Psychiatrists
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Most Maryland Medicaid Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Chesapeake Health Plan
Free State Health Plan
Primehealth Corporation
Prudential Health Care Plan

Maryland

Voluntary HMO Contracts

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Delmarva Foundation for Medical Care, Inc.

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
Maryland has contracted with HMOs to provide Medicaid services since 1975. *There is no expiration date listed for this program since it is voluntary and therefore continuous.

Michigan

Health Maintenance Organizations

Contact Information

State Medicaid Contact Name:
Richard Murdock

State Medicaid Contact Telephone Number:
(517)241-7933

State Website Address:
http://www.mdch.state.mi.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
April 01,1972

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Michigan

Health Maintenance Organizations

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver
Special Needs Children

Other Population Categories Excluded:

Spend Down, QMB, Title V Eligible

Lock-In Provision:

6-Month Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Outpatient Mental Health
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
Nurse Practitioners
Nurse Midwives
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Maternal and Infant Support Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Blue Care Network
Community Choice
Great Lakes Health Plan
Healthplus of Michigan
Omnicare Health Plan
Priority Health
Care Choices HMO
Family Health Plan
Health Alliance Plan
M-Care
Physicians Health Plan
Wellness Plan (Comprehensive Health Services)

Michigan

Health Maintenance Organizations

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Michigan Peer Review Organization

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
Eligible populations required to enroll in one of four MI managed care programs (PSP, Clinic, HMO, Comprehensive Health Care Program). This program will be incorporated under the Comprehensive Health Care Program. There is no expiration data listed for this program since it is voluntary and therefore continuous.

Mississippi
Capitated HMO

Contact Information

State Medicaid Contact Name:
Melzana Fuller

State Website Address:
http://www.dom.state.ms.us/

State Medicaid Contact Telephone Number:
(601)359-6050

Program Impact

Geographic Areas Covered:
County(s)

Initial Waiver Approval Date:
Not Applicable

Operating Authority:
Voluntary

Implementation Date:
December 01,1996

Statutes Utilized:
Not Applicable

Waiver Expiration Date:
Not Applicable

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Statutes Waived:
Not Applicable

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
Yes

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Mississippi

Capitated HMO

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

All services covered by Mississippi Medicaid State Plan.

Other PCP Provider Types:

Osteopaths

Plans

Plan Names:

American Medical Plans of MS, Inc
Family Health Care Plus
Apex Healthcare of MS, Inc
Mississippi Managed Care Network

Mississippi

Capitated HMO

Quality Activities

External Quality Review Organization (EQRO):
PRO-like Entity

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Health System of Mississippi

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
None

Montana
HMO

Contact Information

State Medicaid Contact Name:
Maureen O'Reilly

State Medicaid Contact Telephone Number:
(406)444-4148

State Website Address:
http://www.dphhs.state.mt.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
November 01,1995

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Montana

HMO

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Population Categories Excluded:

Medically Needy, ICF/MR, Hardship

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Transportation

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers
Physician Assistants
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Speech
Physical
Occupational Therapy
Ambulance
FQHC
RHC
Mid-level Practitioner
School-based Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Blue Cross Blue Shield
Yellowstone Community Health Plan

Montana

HMO

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Mountain Pacific

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

Nevada

Voluntary Health Maintenance Program

Contact Information

State Medicaid Contact Name:
Laurie England

State Medicaid Contact Telephone Number:
(702)687-4176

State Website Address:
http://www.state.nv.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
April 01,1997

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Nevada

Voluntary Health Maintenance Program

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Severity Emotional Disturbed Recipients, Severity Mentally Ill Recipients, Child Welfare

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
FQHCs

Other Services Included:

Podiatry
Chiropractic
Therapies
Nurse Practitioner
Anesthetist
Mid-Wife
Physician Assistants

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Amil International of Nevada
Hometown Health Plan
Health Plan of Nevada
NevadaCare dba Nevada Health Solutions

Nevada

Voluntary Health Maintenance Program

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Other EQRO Organization:
Not Applicable

EQRO Name:
EQRO has not been selected - awaiting HCFA response

Type of Data Collected:
Encounter Data
Utilization Data
Financial Data
Grievance and Complaint
Consumer Survey

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

Nevada

Voluntary Primary Care Case Management Program

Contact Information

State Medicaid Contact Name:
Laurie England

State Medicaid Contact Telephone Number:
(702)687-4176

State Website Address:
http://www.state.nv.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Primary Care Case Management (PCCM)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
January 01,1992

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Voluntary
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Nevada

Voluntary Primary Care Case Management Program

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Child Welfare

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Laboratory
X-Ray
Immunization
Family Planning
Physician
Case Management
Pharmacy

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
FQHCs

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Community Health Centers of Southern Nevada
NevadaCare

Nevada

Voluntary Primary Care Case Management Program

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Other EQRO Organization:
Not Applicable

EQRO Name:
Not Applicable

Type of Data Collected:
Not Applicable

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

This program is a PHP but acts as a PCCM. Primary care, pharmacy and X-ray services are capitated. One of the plans is an FQHC doing business as a Prepaid Health Plan, therefore they are designated as a PCP also. Effective July 1, 1998, this program will be phasing out. There is no expiration date listed for this program since it is voluntary and therefore continuous.

New Hampshire

Managed Care Program

Contact Information

State Medicaid Contact Name:
Brenda Lovely

State Website Address:
http://www.state.nh.us/dhhs/ohm/ohm_ind.

State Medicaid Contact Telephone Number:
(603)271-4350

Program Impact

Geographic Areas Covered:
Statewide

Initial Waiver Approval Date:
Not Applicable

Operating Authority:
Voluntary

Implementation Date:
March 01,1983

Statutes Utilized:
Not Applicable

Waiver Expiration Date:
Not Applicable

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Statutes Waived:
Not Applicable

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
No

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Voluntary
Title XXI SCHIP	Voluntary
Other	Not Applicable

New Hampshire

Managed Care Program

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist

Other Services Included:

Organ transplant

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Blue Cross Blue Shield of New Hampshire
Matthew Thornton Health Plan
Healthsource New Hampshire Inc.
Tufts Associated Health Plans

New Hampshire

Managed Care Program

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Northeast Healthcare Quality Foundation

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

New York

Office of Mental Health/Partial Capitation Program

Contact Information

State Medicaid Contact Name:
Mike Kohler

State Medicaid Contact Telephone Number:
(518)474-7720

State Website Address:
http://www.omh.state.ny.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Outpatient Department Mental Health

Phased-In Implementation:
No

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
May 01,1987

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other	Not Applicable

New York

Office of Mental Health/Partial Capitation Program

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Outpatient Mental Health
Oupatient Substance Abuse
Case Management

PCP Provider Types:

Not Applicable

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

OMH/Partial Capitation

New York

Office of Mental Health/Partial Capitation Program

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
This program consists fo State operated facilities and are JCHO revie

Other Type of Data Collected:
Not Applicable

EQRO Name:
State Operated Facilities

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

There is no expiration date listed for this program since it is voluntary and therefore continuous.□□The patients are referred by their PCPs or hospitals for mental health services.□Due to the nature of the waiver which is for a limited segment of services, the program does not designate a primary care provider. Individuals choose their own providers or rely on the contractor for referral. The contractor acts as the gatekeeper. This is a fee-for-service program.

New York

The New York State Voluntary Managed Care Program

Contact Information

State Medicaid Contact Name:
Donna Frescatore

State Website Address:
http://www.health.state.ny.us

State Medicaid Contact Telephone Number:
(518)474-5050

Program Impact

Geographic Areas Covered:
County(s)

Initial Waiver Approval Date:
Not Applicable

Operating Authority:
Voluntary

Implementation Date:
April 01,1987

Statutes Utilized:
Not Applicable

Waiver Expiration Date:
Not Applicable

Managed Care Arrangement:
Prepaid Health Plan (PHP)
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Statutes Waived:
Not Applicable

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
No

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other	Not Applicable

New York

The New York State Voluntary Managed Care Program

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Indian Health Service Providers
Physician Assistants

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

ABC Health Plan
Blue Choice HMO Options
Buffalo Community Health
Careplus Health Plan
Community Blue
Community Health Plan
Compre-Care
Empire Blue Cross/Blue Shield Healthnet
Genesis Health Plan
Health First
HIP Comprehensive
HUM Healthcare Systems
LMC/Health Care Plus
Manhattan PHSP (Centercare)
Neighborhood Health Providers
NYL Care (Sanus)
Physician Case Management Program
Better Health Plan
Bronx Health Plan
Capital District Physicians Health Plan
Catholic Services Health Plan/Fidelis
Community Choice Health Plan
Community Premier Plus
Elderplan
Family Health Service/Priority Care
Health Choice
HIP Bi-Link
HIP Physician and Ancillary
Independent Health/Hudson Valley & WNY
Managed Healthcare Systems
Metroplus Health Plan
NY Hospital Community PHSP
Oxford Health Plan
Preferred Care

Southern Tier Pediatrics

Suffolk Health Plan
Twin Tier Physicians Mgmt
United Healthcare of Upstate
Vytra
Westchester PHSP

St. Barnabas Community Health Plan (dba Partners i Health)
Syracuse PHSP (dba Total Care)
United Healthcare of NY
US Healthcare
Wellcare

New York

The New York State Voluntary Managed Care Program

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Island PRO

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous. The PHPs under this program as PCCM with a limited capitation (only primary care services are capitated).

North Carolina

Health Maintenance Organization (HMO)

Contact Information

State Medicaid Contact Name:
Jill Hunter

State Medicaid Contact Telephone Number:
(919)857-4022

State Website Address:
http://www.dhr.state.nc.us/DHR/DMA/

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
October 01,1997

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Not Eligible
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other (Pregnant Women)	Voluntary

North Carolina

Health Maintenance Organization (HMO)

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Population Categories Excluded:

Age 65 or older, Family Planning Waiver Recipients

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives

Other Services Included:

Chiropractic

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Generations Family Health Plans, Inc.
Optimum Choice of the Carolinas
Maxicare of North Carolina
Wellness Plan of North Carolina

North Carolina

Health Maintenance Organization (HMO)

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Medical Review of North Carolina

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

Ohio

Accessing Better Care

Contact Information

State Medicaid Contact Name:
Cynthia Burnell

State Website Address:
http://www.state.oh.us/odhs/medicaid/

State Medicaid Contact Telephone Number:
(614)466-4693

Program Impact

Geographic Areas Covered:
County(s)

Initial Waiver Approval Date:
Not Applicable

Operating Authority:
Voluntary

Implementation Date:
June 01,1995

Statutes Utilized:
Not Applicable

Waiver Expiration Date:
Not Applicable

Managed Care Arrangement:
Medicaid-only Managed Care Organization (MCO)

Statutes Waived:
Not Applicable

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
No

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Not Eligible
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Ohio

Accessing Better Care

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Reside in Nursing Facility or ICF/MR
Participate in HCBS Waiver

Other Population Categories Excluded:

Spend Down, MI/MR, Age 65 or Older

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

All Other Ohio Medicaid Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Dayton Area Health Plan

Ohio

Accessing Better Care

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Provider Network

EQRO Name:
Peer Review Systems

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
Partnerships between HMOs and academic medical centers, working to establish innovative clinical care systems and coordination of care for the disabled. There is no expiration date listed for this program since it is voluntary and therefore continuous.

Pennsylvania

Voluntary HMO Contracts

Contact Information

State Medicaid Contact Name:
Patricia Jacobs

State Website Address:
http://www.state.pa.us

State Medicaid Contact Telephone Number:
(717)772-6300

Program Impact

Geographic Areas Covered:
County(s)

Initial Waiver Approval Date:
Not Applicable

Operating Authority:
Voluntary

Implementation Date:
January 01,1972

Statutes Utilized:
Not Applicable

Waiver Expiration Date:
Not Applicable

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)
Medicaid-only Managed Care Organization (MCO)

Statutes Waived:
Not Applicable

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
No

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other (State Only Cat and Med Needy)	Voluntary

Pennsylvania

Voluntary HMO Contracts

Population Categories Excluded:
Not Applicable

Other Population Categories Excluded:
Monthly Spend Downs, State Blind Pension

Lock-In Provision:
No Lock-In

Service Delivery

Included Services:
Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:
Pediatricians
General Practitioners
Family Practitioners
Internist
FQHCs
RHCs
Nurse Midwives
Psychiatrists
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:
Most Pennsylvania Medicaid Services. Nursing Facility services first 30 days.

Other PCP Provider Types:
Not Applicable

Plans

Plan Names:
Amerihealth/Mercy HMO, Inc.
Gateway Health Plans
Philcare/HBG Healthmate
Best Healthcare of Western PA
Health Partners of Philadelphia - Voluntary
Three Rivers/MedPlus

Pennsylvania

Voluntary HMO Contracts

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Utilization Data
Financial Data
Grievance and Complaint
Consumer Survey

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
KeyPro

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

Puerto Rico

Puerto Rico Health Insurance Administration/Health Care Reform Program

Contact Information

State Medicaid Contact Name:
Leopoldo Mercado-Santini

State Medicaid Contact Telephone Number:
(787)725-9427

State Website Address:
Not Applicable

Program Impact

Geographic Areas Covered:
Region(s)

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
February 01,1994

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Voluntary
Other (Individual/families up to the 200% of the Puerto Rico poverty line. Police Force, including family members, who wish to participate in the program.)	Voluntary

Puerto Rico

Puerto Rico Health Insurance Administration/Health Care Reform Program

Population Categories Excluded:
Enrrolled in Another Managed Care Program

Other Population Categories Excluded:
Not Applicable

Lock-In Provision:
No Lock-In

Service Delivery

Included Services:
Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Transportation
Hearing
Vision

PCP Provider Types:
Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs

Other Services Included:
Not Applicable

Other PCP Provider Types:
Not Applicable

Plans

Plan Names:
Humana Health Plans of Puerto Rico, Inc.
Triple-S, Inc.
La Cruz Azul de Puerto Rico
United Healthcare Plans of Puerto Rico, Inc.

Puerto Rico

Puerto Rico Health Insurance Administration/Health Care Reform Program

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
QIPRO

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:

There is no expiration date listed for this program since it is voluntary and therefore continuous.□□ The Puerto Rico Health Insurance Administration (PRHIA) is a public corporation of the government of Puerto Rico established under Act number 72 of September 7, 1993. PRHIA main duty is to obtain health insurance coverage for the medically indigent. Transportation services only include emergency ambulance services. Vision and hearing services only include physician services and other ancillary services. It does not include vision or hearing equipment.

South Carolina

Health Maintenance Organization (HMO)

Contact Information

State Medicaid Contact Name:
Sheila L. Rivers

State Medicaid Contact Telephone Number:
(803)253-7600

State Website Address:
http://www.dhhs.state.sc.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
August 01,1996

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Not Eligible
Foster Care Children	Voluntary
Title XXI SCHIP	Voluntary
Other	Not Applicable

South Carolina

Health Maintenance Organization (HMO)

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Family Planning Waiver Recipients

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

American Medical Plans of South Carolina, Inc.
Select Health of South Carolina, Inc.
HealthFirst, Inc.

South Carolina

Health Maintenance Organization (HMO)

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Carolina Medical Review

HEDIS Measures from Encounter Data:
State plans to generate/generates HEDIS Measures from Encounter Data.

Additional Information

Explanation of Unique Circumstances of the Program:
There is no expiration date listed for this program since it is voluntary and therefore continuous.

South Carolina

Physicians Enhanced Program (PEP)

Contact Information

State Medicaid Contact Name:
Alicia Jacobs

State Medicaid Contact Telephone Number:
(803)253-6134

State Website Address:
http://www.dhhs.state.sc.us

Program Impact

Geographic Areas Covered:

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Alternative Reimbursement Plan

Phased-In Implementation:
Yes

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
May 01,1996

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Voluntary
Title XXI SCHIP	Voluntary
Other	Not Applicable

South Carolina

Physicians Enhanced Program (PEP)

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Poverty Level Pregnant Women
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Population Categories Excluded:

Not Applicable

Lock-In Provision:

Other Period for Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Not Applicable

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Physicians Enhanced Program (PEP)

South Carolina

Physicians Enhanced Program (PEP)

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Type of Data Collected:
Not Applicable

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Only physician services are partially capitated for this program. All other services are fee-for-service. There is no expiration date listed for this program since it is voluntary and therefore continuous.

Virginia

Options

Contact Information

State Medicaid Contact Name:
James Cohen

State Website Address:
http://www.dmas.state.va.us

State Medicaid Contact Telephone Number:
(804)371-4948

Program Impact

Geographic Areas Covered:
County(s)
City(s)
Region(s)

Initial Waiver Approval Date:
Not Applicable

Operating Authority:
Voluntary

Implementation Date:
January 01,1995

Statutes Utilized:
Not Applicable

Waiver Expiration Date:
Not Applicable

Managed Care Arrangement:
Comprehensive Managed Care Organization (MCO)

Statutes Waived:
Not Applicable

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
No

Enrollment Broker:
Yes

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Virginia

Options

Population Categories Excluded:

Medicare, Except Medicaid-Only Services(Dual Eligibles)
Other Insurance
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Eligibility Less Than 3 Months
Participate in HCBS Waiver

Other Population Categories Excluded:

Enrolled With Hospice

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
Other Specialists Approved on a Case-By-Case Basis

Other Services Included:

Most Virginia Medicaid Services

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Chartered Health Plan
Optimum Choice, Inc.
Healthkeepers Plus - Peninsula
Southern Health Services

Virginia

Options

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Financial Data
Grievance and Complaint
Consumer Survey
Provider Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
KePro

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
*There is no expiration date listed for this program since it is voluntary and therefore continuous.

Wisconsin

Children Come First (CCF)

Contact Information

State Medicaid Contact Name:
Angie Dombrowicki

State Medicaid Contact Telephone Number:
(608)266-1935

State Website Address:
http://www.dhfs.state.wi.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
April 01,1993

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Wisconsin

Children Come First (CCF)

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Age 18 Or Older, Resident of Psychiatric Hospital

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse

PCP Provider Types:

Not Applicable

Other Services Included:

All needed MA covered mental health/alcohol and other drug abuse Services including inpatient psychiatric hospital.

Other PCP Provider Types:

Contractor will be responsible for assigning PCPs.

Plans

Plan Names:

Dane County Human Services

Wisconsin

Children Come First (CCF)

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Medistar (Wisconsin PRO)

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Due to the nature of the program, which includes a limited segment of services, the program does not designate a primary care provider. Goal to keep recipients with severe emotional disturbances out of institutions; multi-agency approach; key components are clinical case management, crisis services, intensive day treatment, school based mental Health. There is no expiration date listed for this program since it is voluntary and therefore continuous.

Wisconsin

Health Care Connections

Contact Information

State Medicaid Contact Name:
Angie Dombrowicki

State Medicaid Contact Telephone Number:
(608)266-1935

State Website Address:
http://www.dhfs.state.wi.us

Program Impact

Geographic Areas Covered:
Statewide

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Not Applicable

Other Managed Care Arrangement:
Health Care Connections provides for a capitated case manager to manage medicaid fee-for-service services.

Phased-In Implementation:
No

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
December 01,1997

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Voluntary
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Voluntary
Title XXI SCHIP	Voluntary
Other	Not Applicable

Wisconsin

Health Care Connections

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Recipients With Annual Expenditures < $25,000 Per Year, Recipients With Mental Health/Alcohol and Other Drug Abuse Diagnosis

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Case Management
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Not Applicable

Other Services Included:

All other Medicaid services and specific case management services associated with the HCC program.

Other PCP Provider Types:

Not Applicable.

Plans

Plan Names:

Children's Hospital of Wisconsin
The Management Group
Childrens Hospital of Wisconsin

Wisconsin

Health Care Connections

Quality Activities

External Quality Review Organization (EQRO):
Not Applicable

Other EQRO Organization:
Not Applicable

EQRO Name:
Not Applicable

Type of Data Collected:
Not Applicable

Other Type of Data Collected:
Not Applicable

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:
The only specific benefit of HCC is case management. A case manager must have at least 1 face-to-face contact every 3 months. There is no expiration date listed for this program since it is voluntary and therefore continuous.

Wisconsin

Independent Care (I-Care)

Contact Information

State Medicaid Contact Name:
Angie Dombrowicki

State Website Address:
http://www.dhfs.state.wi.us

State Medicaid Contact Telephone Number:
(608)266-1935

Program Impact

Geographic Areas Covered:
County(s)

Initial Waiver Approval Date:
Not Applicable

Operating Authority:
Voluntary

Implementation Date:
July 01,1994

Statutes Utilized:
Not Applicable

Waiver Expiration Date:
Not Applicable

Managed Care Arrangement:
Medicaid-only Managed Care Organization (MCO)

Statutes Waived:
Not Applicable

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
No

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Not Eligible
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Not Eligible
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Wisconsin

Independent Care (I-Care)

Population Categories Excluded:

Poverty Level Pregnant Women
Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Aged, Blind

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
EPSDT
Immunization
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Pediatricians
General Practitioners
Family Practitioners
Internist
OB/GYNs and GYNs
FQHCs
RHCs
Nurse Practitioners
Nurse Midwives
Indian Health Service Providers
Physician Assistants

Other Services Included:

All Other WI Medicaid Services
Non-Medicaid Social
Recreation
Wellness

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Humana/Wisconsin Health Organization (Voluntary)

Wisconsin

Independent Care (I-Care)

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Medistar (Wisconsin PRO)

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Goal to integrate medical and social services; care coordinator in addition to PCP; evaluation by outside firm using interviews, claims data encounter forms. There is no expiration date listed for this program since it is voluntary and therefore continuous.

Wisconsin

WI Partnership Program

Contact Information

State Medicaid Contact Name:
Angie Dombrowicki

State Website Address:
http://www.dhfs.state.wi.us

State Medicaid Contact Telephone Number:
(608)266-1935

Program Impact

Geographic Areas Covered:
County(s)

Initial Waiver Approval Date:
Not Applicable

Operating Authority:
Voluntary

Implementation Date:
January 01,1996

Statutes Utilized:
Not Applicable

Waiver Expiration Date:
Not Applicable

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Statutes Waived:
Not Applicable

Other Managed Care Arrangement:
Not Applicable

Other Statutes Waived:
Not Applicable

Phased-In Implementation:
No

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Not Eligible
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Not Eligible
Section 1931 Blind/Disabled Adults and Related Populations	Voluntary
Aged and Related Populations	Voluntary
Foster Care Children	Not Eligible
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Wisconsin

WI Partnership Program

Population Categories Excluded:

Poverty Level Pregnant Women
Enrolled in Another Managed Care Program
Participate in HCBS Waiver

Other Population Categories Excluded:

Anyone Not 60+ With Nursing Home Level Of Care, Not 18-64, Disabled Or Severe Illness

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Hospital
Outpatient Hospital
Laboratory
X-Ray
Skilled Nursing Facility
Family Planning
Physician
Home Health
Dental
Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse
Pharmacy
Durable Medical Equipment (DME)
Transportation
Hearing
Vision

PCP Provider Types:

Nurse Practitioners

Other Services Included:

All Other WI Medicaid Services
Social Services

Other PCP Provider Types:

Care Management Is Team Based Nurse Practitioners Link Services.

Plans

Plan Names:

Access to Independence - Partnership
Center for Independent Living - Partnership
Community Care for the Elderly - Partnership
Elder Care of Dane County - Partnership

Wisconsin

WI Partnership Program

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Financial Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Medistar (Wisconsin PRO)

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Same goals as PACE; nurse practitioners play a key role in linking services; recipients can bring own provider as PCP; external committee evaluation data/techniques. There is no expiration date listed for this program since it is voluntary and therefore continuous.

Wisconsin

WrapAround Milwaukee (WAM)

Contact Information

State Medicaid Contact Name:
Angie Dombrowicki

State Medicaid Contact Telephone Number:
(608)266-1935

State Website Address:
http://www.dhfs.state.wi.us

Program Impact

Geographic Areas Covered:
County(s)

Operating Authority:
Voluntary

Statutes Utilized:
Not Applicable

Managed Care Arrangement:
Prepaid Health Plan (PHP)

Other Managed Care Arrangement:
Not Applicable

Phased-In Implementation:
No

Initial Waiver Approval Date:
Not Applicable

Implementation Date:
March 01,1997

Waiver Expiration Date:
Not Applicable

Statutes Waived:
Not Applicable

Other Statutes Waived:
Not Applicable

Enrollment Broker:
No

Enrollment

Population Categories Included:	Enrollment Status:
Section 1931 Children and Related Populations	Voluntary
Section 1931 Adults and Related Populations	Not Eligible
Section 1931 Blind/Disabled Children and Related Population	Voluntary
Section 1931 Blind/Disabled Adults and Related Populations	Not Eligible
Aged and Related Populations	Not Eligible
Foster Care Children	Voluntary
Title XXI SCHIP	Not Eligible
Other	Not Applicable

Wisconsin

WrapAround Milwaukee (WAM)

Population Categories Excluded:

Reside in Nursing Facility or ICF/MR
Enrolled in Another Managed Care Program
Participate in HCBS Waiver
Special Needs Children

Other Population Categories Excluded:

Age 18 Or Older, Resident Of Psychiatric Hospital

Lock-In Provision:

No Lock-In

Service Delivery

Included Services:

Inpatient Mental Health
Outpatient Mental Health
Inpatient Substance Abuse
Oupatient Substance Abuse

PCP Provider Types:

Not Applicable

Other Services Included:

All needed MA covered mental health/alcohol and other drug abuse Services including inpatient psychiatric hospital.

Other PCP Provider Types:

Not Applicable

Plans

Plan Names:

Milwaukee County Human Services

Wisconsin

WrapAround Milwaukee (WAM)

Quality Activities

External Quality Review Organization (EQRO):
Peer Review Organization (PRO)

Type of Data Collected:
Encounter Data
Utilization Data
Outcome Data
Grievance and Complaint
Consumer Survey
Demographic Data

Other EQRO Organization:
Not Applicable

Other Type of Data Collected:
Not Applicable

EQRO Name:
Medistar (Wisconsin PRO)

HEDIS Measures from Encounter Data:
Not Applicable

Additional Information

Explanation of Unique Circumstances of the Program:

Due to the nature of the program, which includes a limited segment of services, the program does not designate a primary care Provider. Goal to keep recipients with severe emotional disturbances out of institutions; multi-agency approach; key components are clinical case management, crisis services, intensive DT, school based mental Health. There is no expiration date listed for this program since it is voluntary and therefore continuous.

Glossary of CommonTerms

FFS	Fee-for-Service
FQHC	Federally Qualified Health Centers
RHC	Rural Health Clinics
PCP	Primary Care Provider

Section: Program Impact--Managed Care Arrangement Terms

PCCM

Primary Care Case Management Provider -- A PCCM provider is a provider (usually a physician, physician group practice, or an entity employing or having other arrangements with such physicians, but sometimes also including nurse practitioners, nurse midwives, or physician assistants) who contracts to locate, coordinate, and monitor covered primary care (and sometimes additional services). This category includes any PCCMs and those PHPs which act as PCCMs.

PHP

Prepaid Health Plan is a prepaid managed care entity that provides less than comprehensive services on an at risk basis or one that provides any benefit package on a non-risk basis.

Comprehensive MCO

A ***Comprehensive MCO*** is a health maintenance organization, an eligible organization with a contract under §1876 or a Medicare-Choice organization, a provider sponsored organization or any other private or public organization which meets the requirements of §1902(w). These MCOs provides comprehensive services to both commercial and/or Medicare, as well as Medicaid enrollees.

Medicaid-only MCO

A ***Medicaid-only MCO*** is an MCO that provides comprehensive services to Medicaid beneficiaries, but not commercial or Medicare enrollees.

HIO

Health Insuring Organization is an entity that provides for or arranges for the provision of care and contracts on a prepaid capitated risk basis to provide a comprehensive set of services.

Section: Program Impact–Operating Authority Terms

1915(b)(1)	***Service Arrangement***. The State may restrict the provider from or through whom beneficiaries may obtain services.
1915(b)(2)	***Locality as Central Broker provision***. Under this provision, localities may assist beneficiaries in selecting a primary care provider.
1915(b)(3)	***Sharing of Cost Savings provision***. The State may share cost savings, in the form of additional services, with beneficiaries.
1915(b)(4)	***Restriction of Beneficiaries to Specified Providers provision***. Under this provision, States may require beneficiaries to obtain services only from specific providers.
1115(a)	***Research and Demonstration Clause***. The State utilizes specific authority within Section 1115(a) of the Social Security Act to allow the State to provide services through the vehicle of a Research and Demonstration Health Care Reform waiver program.
1902(a)(1)	***Statewideness***. This section of the Act requires a Medicaid State plan to be in effect in all political subdivisions of the State. Waiving 1902(a)(1) indicates that this waiver program is not available throughout the State.
1902(a)(10)(B)	***Comparability of Services***. This section of the Act requires Medicaid State plans to permit all individuals eligible for Medicaid to obtain medical assistance.
1902(a)(23)	***Freedom of Choice***. This section of the Act requires Medicaid State plans to permit all individuals eligible for Medicaid to obtain medical assistance from any qualified provider in the State. Under this program, free choice of providers is restricted.
1932(a)	***State Option to use Managed Care***. This section of the Act permits States to enroll their Medicaid beneficiaries in managed care entities on a mandatory basis without section 1915(b) or 1115 waiver authority.

Section: Quality Activities Terms

Encounter Data	***Encounter Data*** are detailed data about individual services provided by a capitated managed care entity. The level of detail about each service reported is similar to that of a standard claim form. Encounter data are also sometimes referred to as "shadow claims".
Utilization Summary Data	***Utilization Summary Data*** that are aggregated by the capitated by the capitated managed care entity (e.g. the number of primary care visits provided by the plan during the calendar year.)
Outcome Data	***Outcome data*** are data that measure the health status of people enrolled in managed care resulting from specific medical and health inventions (e.g. the incidence of measles among plan enrollees during the calendar year).
Financial Data	***Financial Data*** are data regarding the financial status of managed care entities (e.g. the medical loss ratio).
Grievances and Complaints	***Grievances and Complaints*** is information about grievances and complaints submitted to the health plan.
Consumer Survey Data	***Consumer Survey Data*** are data collected through a survey of those Medicaid beneficiaries who are enrolled in the program and have used the services. The survey may be conducted by the State of by the managed care entity (if the managed care entity reports the results to the State).
Provider Survey Data	***Provider Survey Data*** are data collected through a survey or providers who participate in the program and have provided services to enrolled Medicaid beneficiaries.
Demographic Data	***Demographic Data*** are data that describe the characteristics of enrollee populations within a managed care entity. Demographic data include, but are not limited to, age, sex race/ethnicity, and primary language.

HEDIS Measures from Encounter Data

Health Plan Employer Data and Information Set (HEDIS) measures from encounter data as opposed to having the plans generate HEDIS measures. HEDIS is a collection of performance measures and their definitions produced by the National Committee for Quality Assurance (NCQA).

EQRO

EQRO Organization--Federal law and regulations require States to use an External Quality Review Organization (EQRO) to review the care provided by capitated managed care entities. EQROs may be Peer Review Organizations (PROs), another entity that meets PRO requirements, or a private accreditation body.

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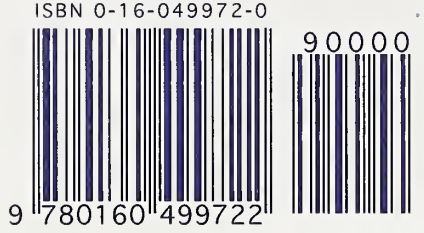
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